Department of Veterans Affairs

Capital Asset Realignment for Enhanced Services

VISN 11

Market Plans

Attention

The VISNs developed the initial CARES Market plans under direction from the National CARES Program Office (NCPO). After these were submitted by the VISN, they were utilized as the basis for the National CARES Plan. However, the CARES National Plan includes policy decisions and plans made at the National Level which differ from the detailed Network Market Plans. Therefore, some National policy decisions that are in the National Plan are not reflected in the Network Market Plans. These initial VISN Market Plans have detailed narratives and data at the VISN, Market and Facility level and are available on the National CARES Internet Site : <<http://www.va.gov/CARES/>>.

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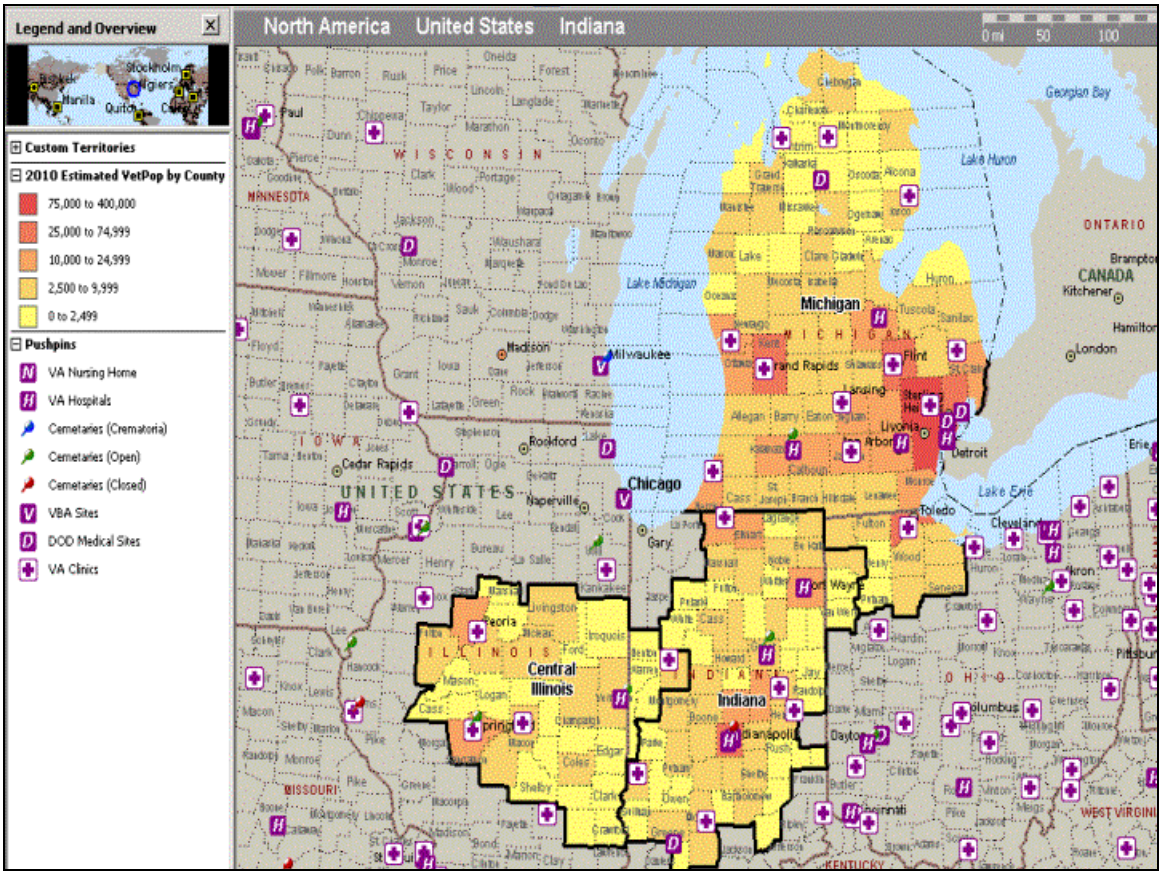
I. VISN Level Information

A. Description of the Network/Market/Facilities

1. Map of VISN Markets



2. Market Definitions

Market Designation: VISN 11 is proposing 3 CARES Markets and 2 Sub Markets as follows:

Market	Includes	Rationale	Shared Counties
Central Illinois Code: 11A	29 Illinois counties 5 Indiana Counties 34 Total Counties	This rural market currently serves some 36,600 VHA enrollees and that level of participation is projected to increase to 50,700 by 2010. This market serves five communities with over 50,000 inhabitants. The Central Illinois market has been a traditional one with the Illiana HCS as the hub since the 1890's. This hub has been reinforced with the recent addition of 6 CBOCs that provide access for over 93% of the enrollee population within a 20-mile radius. This market is well served by Interstates 39, 55, 57, 72, 74, & 155 allowing enrollees to easily utilize the primary care services offered at the CBOCs or the primary/secondary/ extended levels of care offered at the Illiana (Danville) facility. Tertiary care is referred to the Indianapolis VAMC. There are no major topographic barriers.	VISN 11 will take the planning lead on Fulton County, IL while VISN 23 will take the lead for Schuyler and Stark Counties, IL ('99-01 patient origin studies). There are no shared market issues with VISN 15; and during CARES Phase I, there were no shared market issues with VISN 12 to the north.
Indiana Code: 11B	56 Indiana Counties 3 Ohio Counties 59 Total Counties	This rural/urban market currently serves some 77,000 VHA enrollees and that level of participation is projected to increase to 108,500 by 2010. This market serves eight communities with over 50,000 inhabitants. The Indiana market is well established with the Marion Division, NIHCS beginning in the 1890's, the Indianapolis VAMC in the early 1930's and the Ft. Wayne Division, NIHCS in the early 1950's. The area and the long-standing VHA referral patterns are well supported by Interstates 65, 69, 70, 74, 465 & 469 and a strong state highway system. Four CBOCs provide primary care, while the three Indiana facilities provide a broad array of primary-tertiary and extended levels of care. These facilities care for over 95% of the enrollee population seeking primary care within a 20-mile arc and 99% seeking inpatient services within a 60-mile radius. There are no major topographic barriers in this market.	After discussions with VISNs 9, 10, & 15 there are no shared market area issues with these neighboring networks. During CARES Phase I, there were no shared market issues with VISN 12 to the northwest.

Michigan Market Code: 11C 2 Sub Markets Southeast Michigan & Western Michigan	68 Michigan Counties 10 Ohio Counties 78 Total Counties	This rural/urban market currently serves some 128,400 VHA enrollees and that level of participation is projected to increase to 186,900 by 2010. This market also serves eight communities with over 50,000 inhabitants. The Lower Michigan market is well defined with established referral patterns to the VAMCs located in Ann Arbor, Battle Creek, Detroit, and Saginaw. These facilities provide a wide spectrum of primary-tertiary and extended levels of care to the Lower Michigan veteran. Over 87% of the enrollee population is with a 60-mile radius of a given VAMC. A dozen CBOCs serve the area and over 89% of the enrollee population is within a 20-mile arc of a VA owned or contracted clinic. The area is well supported by Interstates 69, 75, 94, 196, 275, 475, 496, 675 & 696 and a strong state highway system. There are three major topographic barriers in this market and they are Lakes Michigan, Huron, and Erie.	After discussions with VISN 10, there are no shared market area issues with this neighboring network to the south. During CARES Phase I, there were no shared market issues with VISN 12 to the west.
Southeast Michigan Code:11C-1	3 Michigan Counties	This 3-county highly urbanized catchment area includes all of the greater Detroit metropolitan area that currently has approximately 4.1 million inhabitants and over 44,400 VHA enrollees. The number of enrollees is expected to increase to 64,400 by the year 2010 in this sub market. This 2,000 square mile area is served principally by the Detroit VAMC and the CBOC located in Pontiac, MI. All VHA enrollees in this area are within the 20-mile arc for clinic services and easily within the 60-mile radius for inpatient care. VAMC Detroit provides primary –tertiary and extended care level services. Public transportation systems are good within the area and well served by Interstates 75, 94, 275 and 696. Lake Erie and Lake St. Clair are the two major topographic barriers for the general Detroit area. Across the international border, the Windsor, Canada community abuts immediately to the east of the general Detroit area.	After discussions with VISN 10, there are no shared market area issues with this neighboring network to the south.
Western Michigan Code: 11C-2	27 Michigan Counties	VISN 11 has specifically identified this 27-county primarily rural catchment area for special CARES review in regards to distance and patient travel time for primary, secondary and tertiary level care inpatient services. Many veterans in this area may travel 2-4 hours for this level of care to either the Ann Arbor or Detroit facilities. Grand Rapids, the second largest populated community in Michigan, (Kent County population 580,300) is located in this designated area and is currently only served by a limited CBOC. VAMC Battle Creek and three other CBOCs provide very limited primary, psychiatric and	During CARES Phase I, there were no shared market issues with VISN 12 to the west.

		extended care services for this area. Currently there are 30,500 enrollees in this proposed sub market area and that number is expected to increase to 43,500 by the year 2010. Lake Michigan to the west is the one major topographic barrier in this sub market.	

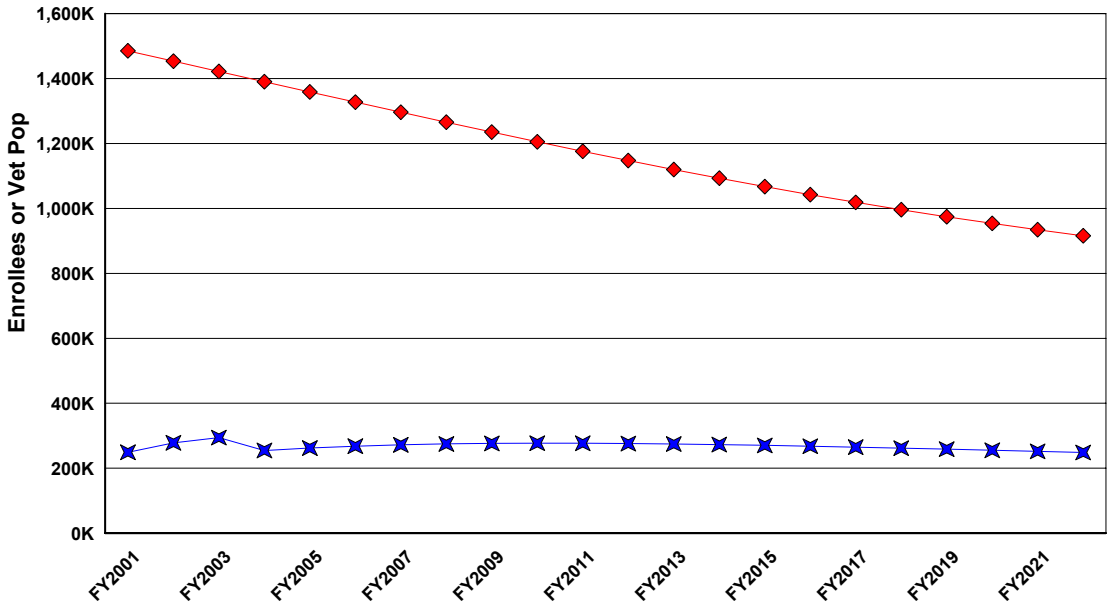
3. Facility List

VISN : 11				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Ann Arbor				
506 Ann Arbor HCS	✔	✔	✔	-
506GA Toledo	✔	-	-	-
506GB Flint (Genessee Co.)	✔	-	-	-
506GC Jackson	✔	-	-	-
New Ypsilanti	✔	-	-	-
Battle Creek				
515 Battle Creek	✔	✔	-	-
515BY Grand Rapids	✔	-	-	-
515GA Muskegon	✔	-	-	-
515GB Lansing	✔	-	-	-
515GC Benton Harbor	✔	-	-	-
New Mason	✔	-	-	-
Detroit				
553 Detroit (John D. Dingell)	✔	✔	✔	-
553GA Yale	✔	-	-	-
553GB Pontiac	✔	-	-	-
New Sterling Heights	✔	-	-	-
Fort Wayne				
610A4 N. Indiana HCS-Ft. Wayne	✔	✔	-	-
610GA South Bend	✔	-	-	-
New Elkhart	✔	-	-	-
Illiana HCS (Danville)				
550 Illiana HCS (Danville)	✔	✔	-	-
550BY Peoria	✔	-	-	-
550GA Decatur	✔	-	-	-
550GC Lafayette	✔	-	-	-
550GD Springfield	✔	-	-	-

550GE Effingham	✔	-	-	-
New Bloomington	✔	-	-	-
New Charleston	✔	-	-	-
New Champaign	✔	-	-	-
Indianapolis				
583 Indianapolis	✔	✔	✔	-
583GA Terre Haute	✔	-	-	-
583GB Bloomington	✔	-	-	-
New Columbus	✔	-	-	-
New Hamilton	✔	-	-	-
New Danville	✔	-	-	-
New Greenwood	✔	-	-	-
New Martinsville	✔	-	-	-
Marion				
610 N. Indiana HCS-Marion	✔	-	-	-
610GB Muncie	✔	-	-	-
New Peru	✔	-	-	-
Saginaw				
655 Saginaw	✔	✔	-	-
655GA Gaylord	✔	-	-	-
655GB Traverse City	✔	-	-	-
655GC Oscoda	✔	-	-	-
New Clare	✔	-	-	-

4. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



5. Planning Initiatives and Collaborative Opportunities

a. Effective Use of Resources

Effective Use of Resources		
PI?	**Issue**	**Rationale/Comments Re: PI**
Y	Small Facility Planning Initiative	Ft. Wayne, IN is projected to require fewer than 40 acute care beds. Distance to VA services has a drive time of approximately 2 hours. VISN should consider looking at contracting options.
Y	Small Facility Planning Initiative	Saginaw, MI is projected to require fewer than 40 acute care beds. Community care may be available by contract. Other VA services are 2 hours away at Ann Arbor or Detroit VAMCs.
N	Small Facility Planning Initiative	Marion, IN is projected to require fewer than 40 acute care beds in FY2022. The facility has a Long Term Psych Mission
N	Proximity 60 Mile Acute	Affected facility pairs include: VAMC Detroit, MI and Ann Arbor, MI - Projected workload for FY12/22 justifies both facilities. Potential to share specialty services should be encouraged.
N	Proximity 120 Mile Tertiary (outside VISN 11)	Affected facility pairs include: • VAMC Indianapolis, IN and Louisville, KY (VISN 9) • VAMC Indianapolis, IN and Cincinnati, OH (VISN 10) •VAMC Indianapolis, IN and Dayton, OH (VISN 10) VAMC Indianapolis is at capacity for tertiary care services - only referral center for Central Illinois and Indiana Markets. Significant construction/staffing required to meet other inter-VISN market(s) workload.
Y	Proximity 120 Mile Tertiary	Affected facility pairs include: • VAMC Detroit, MI and Ann Arbor, MI
Y	Vacant Space	All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2004 and 30% by 2005. Three Historic facilities (Battle Creek, Illiana, and Marion) account for a substantial amount of vacant space.

b. Special Disabilities

Special Disabilities Program		
PI?	**Other Issues**	**Rationale/Comments**
N	Blind Rehabilitation	Establish Visual Impairment Services Outpt Program (VISOR)
N	Spinal Cord Injury and Disorders	No recommendations

c. Collaborative Opportunities

Collaborative Opportunities for use during development of Market Plans		
CO?	**Collaborative Opportunities**	**Rationale/Comments**
Y	Enhanced Use	VISN 11 did not have any sites identified in the top 15 High-Potential Enhanced Use Lease Opportunities for VHA. However the VISN has identified several facilities for potential EU development.
Y	VBA	There is a potential opportunity for VBA/VHA collaboration at the Indianapolis & Detroit sites. The VISN should review/analysis this potential opportunity in the development of the Market Plan.
Y	NCA	There is a potential opportunity for NCA/VHA collaboration with the VA that was found at the Marion, IN site.
Y	DOD	Several geographically separated small clinics operated by DoD within the VISN are of a size too small for VA collaboration. There is a Multi-VISN TriCare Contract in process.

d. Other Issues

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	**Other Issues**	**Rationale/Comments**
	None.	

e. Market Capacity Planning Initiatives

Central Illinois Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	88,510		11,347	**13%**	(9,727)	**-11%**
	Treating Facility Based **	96,794		(574)	**-1%**	(20,865)	**-22%**

Indiana Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	182,833		119,767	**66%**	81,942	**45%**
	Treating Facility Based **	197,003		115,076	**58%**	74,969	**38%**
Specialty Care	Population Based *	154,072		92,419	**60%**	70,911	**46%**
	Treating Facility Based **	166,140		100,447	**60%**	75,587	**45%**

Michigan Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	284,630		227,137	**80%**	157,747	**55%**
	Treating Facility Based **	282,606		213,823	**76%**	146,111	**52%**
Specialty Care	Population Based *	223,781		350,196	**156%**	297,389	**133%**
	Treating Facility Based **	219,130		337,027	**154%**	285,361	**130%**
Medicine	Population Based *	33,635		26,587	**79%**	12,668	**38%**
	Treating Facility Based **	32,905		25,910	**79%**	12,423	**38%**

* – Population Based: Sum of the workload demand based on where the enrollee lives. Sum of the workload projections for the enrollees living in the counties geographically located in the Market. This is not necessarily where they go for care.

** – Treating Facility Based: Sum of the workload demand based on where the enrollee goes for care. Sum of the facility data for the facilities geographically located in the Market. (Due to the traffic or ever referral patterns, the population based and treating facility projections will not match at the market level, although nationally they will be equal)

*** – Modeled data is the Consultants projection based on what the workload **would have been if adjusted for community standards**.

6. Stakeholder Information

Summary narrative on key stakeholder issues by Market, and how the comments/concerns were incorporated in the Market Plan.

Stakeholder Narrative:

VISN 11 has attempted to listen and discuss the options with our internal/ external stakeholders throughout the CARES process. The VIP Network has compiled the following history of those stakeholder events:

A. All major stakeholders received a letter from the Network Director explaining the CARES process and soliciting their active participation, June 2000.

B. In June/July 2002 - the CARES Coordinator conducted a site visit of all facilities in VISN 11 to explain the CARES process. A letter and phone call was made to all major stakeholder offices inviting them to this CARES educational program.

C. On December 3, 2002 – The CARES Coordinator conducted the first market meeting in the Central Illinois Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders within the market inviting them to this session.

D. On December 5, 2002 – The CARES Coordinator conducted the first market meeting in the Indiana Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders.

E. On December 17, 2002 – The CARES Coordinator conducted the first market meeting in the Michigan Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders. These 3 sessions provided stakeholders with information about the CARES process, requirements, market definition, projection model results for population/ workload, and discussion about various options to address the service gaps.

F. On March 10, 2003 – The CARES Coordinator conducted the second market meeting in the Central Illinois Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders.

G. On March 12, 2003 – The CARES Coordinator conducted the second market meeting in the Indiana Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders.

H. On March 14, 2003 – The CARES Coordinator conducted the second market meeting in the Michigan Market; Network Director letters of invitation and follow-up

phone calls were sent to all major stakeholders. These 3 sessions provided with updated information about the CARES process, new requirements & model results, disclosed all the preliminary options to address the service gaps, and asked for feedback for improvement to those options.

Letters of invitation for the first information session and the two series of market meetings were sent to a variety of stakeholders including: all major VSOs, unions, affiliates (4), state officials including state home directors & other major community contributors to the VHA mission. The CARES Coordinator also met quarterly with the multi-disciplinary Management Assistance Council. A briefing was just conducted on April 9, 2002 with this group to discuss all the CARES options developed. We have sent flyers, facility & network newsletters that have contained numerous articles on the CARES process/products. VISN 11 also developed an interactive website that informed all stakeholders of the progress of CARES.

At the facility level, town hall meetings were conducted with employees, volunteers, VSOs, affiliates, unions and other interested parties. Monthly meetings with VSOs were conducted and the care sites provided employees and patients with flyers, handouts, and articles from local papers. Each facility CARES Liaisons and Public Affairs Officers orchestrated all facility events, publicity, and products.

The VIP Network also established an advisory committee to the Executive Leadership Council. The VISN 11 CARES Work Group met on three different occasions to discuss the process, planning initiatives developed by the NCPO, and the options developed to address the approved PIs. The CARES Work Group is comprised of senior VISN staff and three AFGE Presidents. This Group developed the final options for ELC review, consideration and final approval.

7. Collaboration with Other VISNs

Summary narrative of collaborations with neighboring VISNs, and result of collaborations. Include overview of Proximity issues across VISNs.

Collaboration with Other VISNs Narrative:

VISN 11 collaborated with VISNs 9, 10, 12, 15 & 23 early last summer and fall within the CARES Market Assessment & Development process. As a result of these discussions and patient origin study, one county in the Central Illinois Market was transferred to the VISN 23 (Iowa City) Market. Additionally, the formally shared VISN 11/12 CBOC at Manteno, Illinois was transferred to VISN 12 for their full operational control on October 1, 2002. This action was taken after a patient origin study was conducted and found that the vast majority of the patients being treated there were coming from the Chicago, Illinois Market.

VISN 11 has no Shared VISN/Proximity Planning initiatives from the National CARES Planning Office this cycle. VISN 11 did collaborate with VISNs 9, 10, 15 & 23 late in the process to inform them that we mutually did not have any proposed actions that would disturb our existing & long-standing patient referral pattern(s) with our immediately adjacent-sister networks.

B. Resolution of VISN Level Planning Initiatives

1. Proximity Planning Initiatives (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Proximity Narrative:

The National CARES Program Office has determined that projected workload levels for FY 2012 and 2022 justify retention of both the Ann Arbor Healthcare System and Detroit VAMC. CARES workload projections for the two facilities reflect substantial workload increases for primary care, specialty care and inpatient medicine by the year 2012. Ann Arbor/Detroit have been identified for proximity review due to their location within 60 miles of each other. In spite of this geographic proximity, the two facilities have historically served different population bases, with utilization of Ann Arbor reflecting that of a tertiary referral center and utilization of the Detroit facility having a largely metropolitan Detroit community focus. The areas served by the two facilities have some overlap, primarily in Wayne and Oakland counties, where veterans living in those counties may be equidistant to either facility, transportation systems make one facility more accessible than another, or patient preferences dictate choice. By 2012 the projected enrollee population for southeastern and southcentral Michigan and northwest Ohio will exceed 100,000 enrollees, or approximately 2/3's of the entire Michigan/northwest Ohio market enrollee population.

Both the VA Ann Arbor Healthcare System and John D. Dingell (Detroit) VA Medical Center are complex tertiary care facilities with vibrant longstanding academic affiliations. The VA Ann Arbor Healthcare System is affiliated with the University of Michigan and the John D. Dingell (Detroit) VA Medical Center is affiliated with Wayne State University.

High cost specialty services, unique clinical programs and some support services have already been consolidated at one of the two facilities. These service/program consolidations are: open-heart surgery, neurosurgery, interventional cardiology (angioplasty, electrophysiology), cochlear implantation, gynecologic cytopathology, nuclear medicine network, sleep lab, GRECC, HSR&D, contract administration and Prosthetics management. Complex, high-cost, volume limited interventional services have been consolidated to one site to ensure appropriate programmatic volume to maintain quality and maximize cost-efficiency. Transplant services required are sent to facilities outside the network.

Proposed Consolidations: Major realignment of entire programs to one of the two facilities is not supported based on the large projected growth for the two facilities, the fact that each serves different population bases and since there is no duplication of

high-cost, volume sensitive clinical programs. Maintenance of existing service delivery structures with limited functional consolidations/integrations is recommended. Potential functional consolidations include: home oxygen program management, human resources classification services and radiologic interpretation services for other Michigan facilities (e.g. Battle Creek and Saginaw).

2. Special Disability Planning Initiative (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Your analysis should include the following:

1. Describe the impact that the planning initiative will have on the mandated funding levels for special disability programs:
    - SCI
    - Blind Rehab
    - SMI
    - TBI
    - Substance Abuse
    - Homeless
    - PTSD
2. Discuss how the planning initiative may affect, complement or enhance special disability services.
3. Describe any potential stakeholder issues revolving around special disabilities related to the planning initiative.

Special Disability Narrative:

Blind Rehabilitation:
–Peak of legally blinded veterans in 2006 at 9,156 (from 8,606 in '01) & to 7,363 veterans in '25. Consider space planning for blind rehab programs (i.e., VISORS, VICTORS, low vision clinics, BROS, & VIST).
–VISN 11 will integrate the Blind Rehabilitation Outpatient Services Program network-wide and incorporate the workload within the Specialty Clinic Outpatient Program. The AAHCS/Detroit Program is currently operational with one technician following some 150 patients between both sites.

SCI:
–No NCPO planning initiatives or recommendations, VISN 11 will continue to operate the special designated SCI clinics at the AAHCS & Indianapolis facilities, will continue to provide medical services at all 7 facilities, & continue to refer to patients requiring new/acute inpatient services to Chicago, Cleveland & Memphis.

Domiciliary:

- No NCPO planning initiatives or recommendations, VISN 11 will continue to refer patients for this program to the four operational State Home Programs (Illinois, Indiana, Michigan, & Ohio).

Mental Health:
- No NCPO planning initiatives or recommendations, VISN 11 will await additional guidance from the NCPO in regards to a new projection methodology for these special populations (no community comparisons for these types of patients). VISN 11 endorses the special study group to pursue additional mental health workload in conjunction with the primary care outpatient projections.
- In an effort to meet current & projected workload, ameliorate critical/long-standing space, functional & patient safety issues, a new mental health building is being proposed for the Battle Creek, Michigan VAMC. An Enhanced-Use Lease approach will be pursued for this structure (150 replacement beds). Will also address a 'Veterans Village' concept thru an Enhanced-Use Lease process that will provide a continuum of care for the gero-psychiatric population that is currently and will be served at this facility.

Nursing Home:
- No NCPO planning initiatives or recommendations, VISN 11 will await additional guidance from the NCPO in regards to a new projection methodology for this special population.
- In an effort to meet current & projected workload, ameliorate critical/long-standing space, functional & patient safety issues, a new nursing home care unit building is being proposed for the Illiana HCS, (Danville, IL). An Enhanced-Use Lease approach will be pursued for this structure (240 replacement beds). Currently this unit is housed in a 'temporary structure-butler building' that has been in use for almost 45 years.

C. VISN Identified Planning Initiatives

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria. (See Chapter 5 Attachment 3 guidebook and Market Plan handbook.)

Your analysis should include the following:

1. List all of the VISN PIs and provide a short summary. Post the entire summary documentation on the portal.

VISN Planning Initiatives Narrative:

Increase Outpatient Primary Care: This is a NCPO PI for 2 markets in VISN 11 (Central Illinois Market is exempted). All facilities except for the Illiana HCS, will be increasing primary care thru 2012 with gradually declining workload thru 2022. These trends are in alignment with CARES Projections. Facility strategies will also vary, but all include additional CBOCs to reduce the workload at the 'parent, conversion of vacant space, and creating/leasing new space.

Increase Outpatient Specialty Care: This is a NCPO PI for all three markets in VISN 11. All 8 care sites will participate in that expansion of the Outpatient Specialty Care Program in alignment with CARES Projections. Small CBOCs will be evaluated on a 1,500-stop threshold. Additionally three telemedicine network systems are being planned at the three tertiary facilities to reduce patient travel. Facility strategies will also vary, but they all include additional CBOCs to reduce the workload at the 'parent, conversion of vacant space, and creating/leasing new space.

Access to Primary Care:
This is a NCPO PI for 2 markets in VISN 11. Central Illinois and Indiana Markets do not meet the 70% level for Primary Care. Central Illinois is planning, three CBOCs in central and west-central Illinois: Bloomington, Champaign, & Charleston, IL. The Indiana Market is adding five clinics to meet the primary care threshold and they include: Columbus, Hamilton, Danville, Greenwood, and Martinsville, IN. With the additional CBOCs, all markets will be in conformance. VISN 11 is adding 4 CBOCs in the Michigan Market to improve access standard of 71% and they include: Ypsilanti, Sterling Heights, Cadillac, and Clare, MI.

Access to Hospital Care:
This is a NCPO PI for the Central Illinois Market. The Illiana HCS is the only VHA facility in the market is located in the far eastern part of the market catchment area. Only 36% of the market enrollees are in the 60-minute/mile access threshold. The Central Illinois Market will provide/relocate 17-20 ADC currently provided in Danville, to the western half of the market to reduce patient travel times. A contract arrangement with community providers (2) in the Peoria and Springfield IL area wwill be developed. These contracts will assist in doubling the access threshold to 72%.

Increased Medicine Beds: This is a NCPO Planning Initiative for the Michigan Market with ancillary impact on the Indiana Market. The '12 Medicine bed projections for AAHCS & Detroit centers will increase by 37 & 24 respectively. This change coupled with the Saginaw (21) & Battle Creek (5) closures of their acute care beds can be accomplished by renovation/conversion of space. The closure of the Ft. Wayne beds will also impact on the bed levels @ the Indpls. VAMC. A project to resolve long-standing patient safety issues with the FTW closing will assist in this change.

Vacant Space:
Almost 885,000 gsf was identified as vacant space within VISN 11. Five facilities will address their vacant space issue with conversion of space to accomodate increased Outpatient Workload, conversion of space for increased medicine beds, and EU Lease projects with affiliates and other community providers. 83% of the vacant space is located at in Battle Creek, Illiana HCS, and the NIHCS – Marion. Each has an acute/chronic psychiatric & LTC mission, large campus, and built between 1890 –1920. All have addressed vacant space issues through consolidation of programs, structures/campuses, expanding outpatient programs, EU leasing with developers, VBA/NCA collaboration, or demolition. A key factor here is clearance from the National Historic Register, and VISN 11 will require VACO assistance to resolve delays in their processing facility's historic plans.

D. VISN Level Data Summary of Post Market Plan (Workload, Space, & Costs)

1. Inpatient Summary

a. Workload

	BDOC Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
INPATIENT CARE	Baseline FY 2001 BDOC	FY 2012 BDOC	FY 2022 BDOC	In House BDOC	Other BDOC	In House BDOC	Other BDOC	Net Present Value
Medicine	75,511	98,609	75,679	85,245	20,981	66,712	16,194	$ (83,894,512)
Surgery	33,981	36,964	28,119	34,909	2,058	26,755	1,366	$ (32,998,236)
Psychiatry	151,109	156,470	142,390	155,640	3,175	142,398	2,052	$ (7,417,955)
PRRTP	13,612	13,612	13,612	13,612	-	13,612	-	$ -
NHCU/Intermediate	513,786	513,786	513,786	244,515	269,271	244,515	269,271	$ 219,750
Domiciliary	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	$ -
Total	**787,999**	**819,441**	**773,586**	**533,921**	**295,485**	**493,992**	**288,883**	**$ (124,090,953)**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
INPATIENT CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Medicine	173,056	214,653	164,833	188,177	147,089	$ (83,894,512)
Surgery	58,829	65,403	49,712	64,401	49,258	$ (32,998,236)
Psychiatry	193,947	296,790	270,882	296,497	271,965	$ (7,417,955)
PRRTP	35,704	48,752	48,752	48,752	48,752	$ -
NHCU/Intermediate	386,713	386,765	386,765	386,822	386,822	$ 219,750
Domiciliary	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	$ -
Total	**848,249**	**1,012,363**	**920,944**	**984,649**	**903,886**	**$ (124,090,953)**

2. Outpatient Summary

a. Workload

	Clinic Stop Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
Outpatient CARE	Baseline FY 2001 Stops	FY 2012 Stops	FY 2022 Stops	In House Stops	Other Stops	In House Stops	Other Stops	Net Present Value
Primary Care	576,402	904,727	776,616	869,907	34,825	747,120	29,500	$ (38,335,080)
Specialty Care	426,722	921,947	825,892	848,171	73,780	757,290	68,604	$ 16,662,210
Mental Health	323,074	375,989	337,073	338,774	37,219	303,286	33,791	$ (16,013,112)
Ancillary& Diagnostic	643,941	1,200,201	1,134,042	1,152,052	48,153	1,088,590	45,456	$ (67,596,726)
Total	**1,970,139**	**3,402,864**	**3,073,623**	**3,208,904**	**193,977**	**2,896,286**	**177,351**	**$ (105,282,708)**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
Outpatient CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Primary Care	222,590	469,871	403,739	472,854	406,723	$ (38,335,080)
Specialty Care	443,953	1,136,340	1,014,334	1,105,131	983,149	$ 16,662,210
Mental Health	151,930	237,481	213,298	218,933	196,701	$ (16,013,112)
Ancillary& Diagnostic	450,850	899,759	852,568	899,443	852,268	$ (67,596,726)
Total	**1,269,323**	**2,743,450**	**2,483,939**	**2,696,361**	**2,438,841**	**$ (105,282,708)**

3. Non-Clinical Summary

	Space Projections (from demand)			Post CARES (from solution)		
NON-CLINICAL	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Research	222,646	222,646	222,646	270,874	270,874	$ (26,461,096)
Admin	1,581,710	2,701,478	2,460,249	2,658,419	2,428,267	$ (29,849,680)
Outleased	499,842	499,842	499,842	-	-	N/A
Other	389,073	389,073	389,073	389,073	389,073	$ -
Vacant Space	884,615	-	-	882,902	936,541	$ 306,382,526
Total	**3,577,886**	**3,813,039**	**3,571,810**	**4,201,268**	**4,024,755**	**$ 250,071,750**

II. Market Level Information

A. Central Illinois Market

1. Description of Market

a. Market Definition

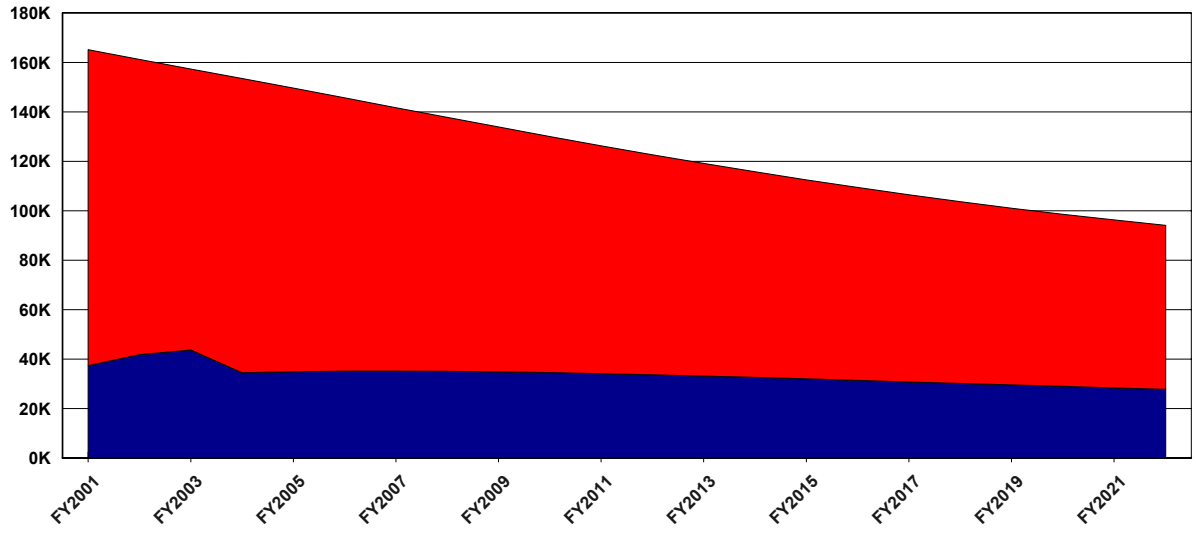
Market	Includes	Rationale	Shared Counties
Central Illinois **Code:** 11A	29 Illinois counties 5 Indiana Counties **34 Total Counties**	This rural market currently serves some 36,600 VHA enrollees and that level of participation is projected to increase to 50,700 by 2010. This market serves five communities with over 50,000 inhabitants. The Central Illinois market has been a traditional one with the Illiana HCS as the hub since the 1890's. This hub has been reinforced with the recent addition of 6 CBOCs that provide access for over 93% of the enrollee population within a 20-mile radius. This market is well served by Interstates 39, 55, 57, 72, 74, & 155 allowing enrollees to easily utilize the primary care services offered at the CBOCs or the primary/secondary/ extended levels of care offered at the Illiana (Danville) facility. Tertiary care is referred to the Indianapolis VAMC. There are no major topographic barriers.	VISN 11 will take the planning lead on Fulton County, IL while VISN 23 will take the lead for Schuyler and Stark Counties, IL ('99-01 patient origin studies). There are no shared market issues with VISN 15; and during CARES Phase I, there were no shared market issues with VISN 12 to the north.

b. Facility List

VISN : 11				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Illiana HCS (Danville)				
550 Illiana HCS (Danville)	✔	✔	-	-
550BY Peoria	✔	-	-	-
550GA Decatur	✔	-	-	-
550GC Lafayette	✔	-	-	-
550GD Springfield	✔	-	-	-
550GE Effingham	✔	-	-	-
New Bloomington	✔	-	-	-
New Charleston	✔	-	-	-
New Champaign	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Central Illinois Market						
Market PI	**Category**	**Type of Gap**	**Feburary 2003 (New)**			
			FY2012 Gap	**FY2012 % Gap**	**FY2022 Gap**	**FY2022 % Gap**
Y	Access to Primary Care					
Y	Access to Hospital Care					
	Access to Tertiary Care					
PI	Specialty Care Outpatient Stops	Population Based	56,650	107%	34,969	66%
		Treating Facility Based	57,750	139%	38,221	92%
	Psychiatry Inpatient Beds	Population Based	-4	-5%	-8	-10%
		Treating Facility Based	-3	-2%	-9	-8%
	Primary Care Outpatient Stops	Population Based	11,350	13%	-9,725	-11%
		Treating Facility Based	-574	-1%	-20,865	-22%
	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	0	0%	0	0%
	Medicine Inpatient Beds	Population Based	-6	-15%	-17	-42%
		Treating Facility Based	-5	-14%	-16	-40%
	Surgery Inpatient Beds	Population Based	-1	-7%	-5	-37%
		Treating Facility Based	0	-6%	-3	-37%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

VISN 11 has attempted to listen and discuss the options with our internal/ external stakeholders throughout the CARES process. The VIP Network has compiled the following history of those stakeholder events:

A. All major stakeholders received a letter from the Network Director explaining the CARES process and soliciting their active participation, June 2000.

B. In June/July 2002 - the CARES Coordinator conducted a site visit of all facilities in VISN 11 to explain the CARES process. A letter and phone call was made to all major stakeholder offices inviting them to this CARES educational program.

C. On December 3, 2002 – The CARES Coordinator conducted the first market meeting in the Central Illinois Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders within the market inviting them to this session.

D. On December 5, 2002 – The CARES Coordinator conducted the first market meeting in the Indiana Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders.

E. On December 17, 2002 – The CARES Coordinator conducted the first market meeting in the Michigan Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders. These 3 sessions provided stakeholders with information about the CARES process, requirements, market definition, projection model results for population/ workload, and discussion about various options to address the service gaps.

F. On March 10, 2003 – The CARES Coordinator conducted the second market meeting in the Central Illinois Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders.

G. On March 12, 2003 – The CARES Coordinator conducted the second market meeting in the Indiana Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders.

H. On March 14, 2003 – The CARES Coordinator conducted the second market meeting in the Michigan Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders. These 3 sessions provided with updated information about the CARES process, new requirements

& model results, disclosed all the preliminary options to address the service gaps, and asked for feedback for improvement to those options.

Letters of invitation for the first information session and the two series of market meetings were sent to a variety of stakeholders including: all major VSOs, unions, affiliates (4), state officials including state home directors & other major community contributors to the VHA mission. The CARES Coordinator also met quarterly with the multi-disciplinary Management Assistance Council. A briefing was just conducted on April 9, 2002 with this group to discuss all the CARES options developed. We have sent flyers, facility & network newsletters that have contained numerous articles on the CARES process/products. VISN 11 also developed an interactive website that informed all stakeholders of the progress of CARES.

At the facility level, town hall meetings were conducted with employees, volunteers, VSOs, affiliates, unions and other interested parties. Monthly meetings with VSOs were conducted and the care sites provided employees and patients with flyers, handouts, and articles from local papers. Each facility CARES Liaisons and Public Affairs Officers orchestrated all facility events, publicity, and products.

The VIP Network also established an advisory committee to the Executive Leadership Council. The VISN 11 CARES Work Group met on three different occasions to discuss the process, planning initiatives developed by the NCPO, and the options developed to address the approved PIs. The CARES Work Group is comprised of senior VISN staff and three AFGE Presidents. This Group developed the final options for ELC review, consideration and final approval.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

Today the Central Illinois Market is serving some 37,300 enrollees and that population base will gradually decline to 27,800 by 2022. The market share will increase in the 35-county catchment area from 22.6 to 29.5% during the same period. Only one VA Medical Center serves this market and its location is on its far eastern shores generating access issues for primary care (54%) and hospital care (36%). The Illiana HCS, (Danville, IL) is a primary/secondary care site with a large psychiatric and nursing home component placed on 216 acres. Some of its buildings date back to the 1890's and there is some 100,000 vacant space available. The bed projections for '12 indicate that there should be some 151 beds with 110 of those used for the psychiatric patient. The outpatient projections for primary care remain relatively stable at the 96,000-stop level while the specialty care stops double to 99,200. The nursing home program is currently housed in 45-year old building that was built for a 10-15 period. To resolve these PIs the Central IL Market is planning the following:

- Add three new CBOCs at Bloomington, Champaign-Urbana and Charleston, IL to resolve/obtain the primary care outpatient access issue (70%).
- Redirect 17-20 ADC to the western market in the form of contract hospitalization in the Springfield & Peoria communities. This will increase the hospital access threshold from 36 to 72%
- Significantly increase the Outpatient Specialty Care capacity at both the Danville and the Peoria CBOC facilities by 16,800 stops and 17,800 stops respectively.
- Significantly increase the Diagnostic/Ancillary stops at both facilities by 37,100 stops.
- Develop an Enhanced-Use Lease project for a new NHCU Building that will be VHA staffed and operated.
- Develop an Enhanced Use Lease project for Buildings 14, 48, Quarters, Golf Course, Recreational Areas, & portion of Building 102 to address the vacant space issue and to generate a new revenue stream for the facility.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

PRIMARY CARE: The Illiana HCS currently has 6 care sites that provide primary care within the Central Illinois Market. The Access standard calls for 70% of enrollees residing within 30 minutes of a VHA Primary Care provider and the current Central Illinois baseline is 53%. According to the Access Calculator, three additional CBOCs are required to meet/exceed the standard and they are: Bloomington, Champaign-Urbana, & Charleston. With the addition of these three CBOCs, the Central Illinois Market will exceed the standard by 5% in 2012 and 7% in 2022.

HOSPITAL CARE: The Illiana HCS currently has 1 care site that provides hospital care within the Central Illinois Market. The Illiana HCS is geographically located on the far eastern shores of the market. The Access standard calls for 65% of enrollees being within 60 minutes of a VHA Hospital Care provider and the current Central Illinois baseline is 36%. As a result of evaluating 4 options, the ELC elected to re-distribute the inpatient workload from the east to the west through the use of increased contract hospitalization. Some 17 ADC will be contracted in the communities of Springfield and Peoria Illinois. Patient protocols and transfer policies will be required to appropriately manage this change in delivery. As a result of VSSC analysis, this dual contract hospitalization action will double the current access rate from 36 to 72%.

TERTIARY CARE: There are no Access Issues for tertiary care in the Central Illinois Market. 100% of all enrollees are within the 3-4 hour access target.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**53%**	19,236	**75%**	8,416	**77%**	6,392
Hospital Care	**36%**	26,193	**72%**	9,426	**72%**	7,782
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care:	Urban & Rural Counties – 30 minutes drive time Highly Rural Counties– 60 minutes drive time
Hospital Care:	Urban Counties – 60 minutes drive time Rural Counties – 90 minutes drive time Highly Rural Counties – 120 minutes drive time
Tertiary Care:	Urban & Rural Counties – 4 hours Highly Rural Counties – within VISN

3. Facility Level Information – Bloomington

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Central Illinois Market is serving some 37,300 enrollees and that population base will gradually decline to 27,800 by 2022. The market share will increase in the 35-county catchment area from 22.6 to 29.5% during the same period. Only one VA Medical Center serves this market and its location is on its far eastern shores generating access issues for primary care (54%) and hospital care (36%). The Illiana HCS, (Danville, IL) is a primary/secondary care site with a large psychiatric and nursing home component placed on 216 acres. Some of its buildings date back to the 1890's and there is some 100,000 vacant space available. The bed projections for '12 indicate that there should be some 151 beds with 110 of those used for the psychiatric patient. The outpatient projections for primary care remain relatively stable at the 96,000-stop level while the specialty care stops double to 99,200. The nursing home program is currently housed in 45-year old building that was built for a 10-15 period. To resolve these PIs the Central IL Market is planning the following:

- Add three new CBOCs at Bloomington, Champaign-Urbana and Charleston, IL to resolve/obtain the primary care outpatient access issue (70%).

- Redirect 17-20 ADC to the western market in the form of contract hospitalization in the Springfield & Peoria communities. This will increase the hospital access threshold from 36 to 72%

- Significantly increase the Outpatient Specialty Care capacity at both the Danville and the Peoria CBOC facilities by 16,800 stops and 17,800 stops respectively.

- Significantly increase the Diagnostic/Ancillary stops at both facilities by 37,100 stops.

- Develop an Enhanced-Use Lease project for a new NHCU Building that will be VHA staffed and operated.

- Develop an Enhanced Use Lease project for Buildings 14, 48, Quarters, Golf Course, Recreational Areas, & portion of Building 102 to address the vacant space issue and to generate a new revenue stream for the facility.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	7,000	7,000	-	-	-	-	-	-	7,000	$ (17,923,500)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**7,000**	**7,000**	**-**	**-**	**-**	**-**	**-**	**-**	**7,000**	**$ (17,923,500)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	3,500	3,500	-	-	-	-	2,700	-	2,700	(800)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**3,500**	**3,500**	**-**	**-**	**-**	**-**	**2,700**	**-**	**2,700**	**(800)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	3,185	3,185	-	-	-	-	1,600	-	1,600	(1,585)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**3,185**	**3,185**	**-**	**-**	**-**	**-**	**1,600**	**-**	**1,600**	**(1,585)**

4. Facility Level Information – Champaign

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Central Illinois Market is serving some 37,300 enrollees and that population base will gradually decline to 27,800 by 2022. The market share will increase in the 35-county catchment area from 22.6 to 29.5% during the same period. Only one VA Medical Center serves this market and its location is on its far eastern shores generating access issues for primary care (54%) and hospital care (36%). The Illiana HCS, (Danville, IL) is a primary/secondary care site with a large psychiatric and nursing home component placed on 216 acres. Some of its buildings date back to the 1890's and there is some 100,000 vacant space available. The bed projections for '12 indicate that there should be some 151 beds with 110 of those used for the psychiatric patient. The outpatient projections for primary care remain relatively stable at the 96,000-stop level while the specialty care stops double to 99,200. The nursing home program is currently housed in 45-year old building that was built for a 10-15 period. To resolve these PIs the Central IL Market is planning the following:

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- Significantly increase the Diagnostic/Ancillary stops at both facilities by 37,100 stops.
- Develop an Enhanced-Use Lease project for a new NHCU Building that will be VHA staffed and operated.
- Develop an Enhanced Use Lease project for Buildings 14, 48, Quarters, Golf Course, Recreational Areas, & portion of Building 102 to address the vacant space issue and to generate a new revenue stream for the facility.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	9,000	9,000	-	-	-	-	-	-	9,000	$ (23,025,634)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**9,000**	**9,000**	**-**	**-**	**-**	**-**	**-**	**-**	**9,000**	**$ (23,025,634)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	4,500	4,500	-	-	-	-	3,400	-	3,400	(1,100)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**4,500**	**4,500**	**-**	**-**	**-**	**-**	**3,400**	**-**	**3,400**	**(1,100)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	4,095	4,095	-	-	-	-	2,100	-	2,100	(1,995)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**4,095**	**4,095**	**-**	**-**	**-**	**-**	**2,100**	**-**	**2,100**	**(1,995)**

5. Facility Level Information – Charleston

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Central Illinois Market is serving some 37,300 enrollees and that population base will gradually decline to 27,800 by 2022. The market share will increase in the 35-county catchment area from 22.6 to 29.5% during the same period. Only one VA Medical Center serves this market and its location is on its far eastern shores generating access issues for primary care (54%) and hospital care (36%). The Illiana HCS, (Danville, IL) is a primary/secondary care site with a large psychiatric and nursing home component placed on 216 acres. Some of its buildings date back to the 1890's and there is some 100,000 vacant space available. The bed projections for '12 indicate that there should be some 151 beds with 110 of those used for the psychiatric patient. The outpatient projections for primary care remain relatively stable at the 96,000-stop level while the specialty care stops double to 99,200. The nursing home program is currently housed in 45-year old building that was built for a 10-15 period. To resolve these PIs the Central IL Market is planning the following:

- Add three new CBOCs at Bloomington, Champaign-Urbana and Charleston, IL to resolve/obtain the primary care outpatient access issue (70%).
- Redirect 17-20 ADC to the western market in the form of contract hospitalization in the Springfield & Peoria communities. This will increase the hospital access threshold from 36 to 72%
- Significantly increase the Outpatient Specialty Care capacity at both the Danville and the Peoria CBOC facilities by 16,800 stops and 17,800 stops respectively.
- Significantly increase the Diagnostic/Ancillary stops at both facilities by 37,100 stops.
- Develop an Enhanced-Use Lease project for a new NHCU Building that will be VHA staffed and operated.
- Develop an Enhanced Use Lease project for Buildings 14, 48, Quarters, Golf Course, Recreational Areas, & portion of Building 102 to address the vacant space issue and to generate a new revenue stream for the facility.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	2,000	2,000	-	-	-	-	-	-	2,000	$ (5,117,984)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**2,000**	**2,000**	**-**	**-**	**-**	**-**	**-**	**-**	**2,000**	**$ (5,117,984)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	1,000	1,000	-	-	-	-	760	-	760	(240)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,000**	**1,000**	**-**	**-**	**-**	**-**	**760**	**-**	**760**	**(240)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	910	910	-	-	-	-	460	-	460	(450)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**910**	**910**	**-**	**-**	**-**	**-**	**460**	**-**	**460**	**(450)**

6. Facility Level Information – Illiana HCS (Danville)

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

There are no major/operating forts, bases, or naval stations in the VISN 11 catchment area. Three geographically isolated small clinics operated by DOD are of a size to small for collaboration. Therefore, there is no sharing of staff, patients and/or resources with the DOD and VISN 11. Currently the network does have active multi-facility/year TRICARE & FED HEALS contracts with the DOD.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

New NHCU Building, Illiana HCS, Danville IL: Developer builds a 240-bed psychiatric facility on VHA property, 35-year lease with annual lease payments, VHA staffed & operated.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Central Illinois Market is serving some 37,300 enrollees and that population base will gradually decline to 27,800 by 2022. The market share will increase in the 35-county catchment area from 22.6 to 29.5% during the same period. Only one VA Medical Center serves this market and its location is on its far eastern shores generating access issues for primary care (54%) and hospital care (36%). The Illiana HCS, (Danville, IL) is a primary/secondary care site with a large psychiatric and nursing home component placed on 216 acres. Some of its buildings date back to the 1890's and there is some 100,000 vacant space available. The bed projections for '12 indicate that there should be some 151 beds with 110 of those used for the psychiatric patient. The outpatient projections for primary care remain relatively stable at the 96,000-stop level while the specialty care stops double to 99,200. The nursing home program is currently housed in 45-year old building that was built for a 10-15 period. To resolve these PIs the Central IL Market is planning the following:

- Add three new CBOCs at Bloomington, Champaign-Urbana and Charleston, IL to resolve/obtain the primary care outpatient access issue (70%).

- Redirect 17-20 ADC to the western market in the form of contract hospitalization in the Springfield & Peoria communities. This will increase the hospital access threshold from 36 to 72%
- Significantly increase the Outpatient Specialty Care capacity at both the Danville and the Peoria CBOC facilities by 16,800 stops and 17,800 stops respectively.
- Significantly increase the Diagnostic/Ancillary stops at both facilities by 37,100 stops.
- Develop an Enhanced-Use Lease project for a new NHCU Building that will be VHA staffed and operated.
- Develop an Enhanced Use Lease project for Buildings 14, 48, Quarters, Golf Course, Recreational Areas, & portion of Building 102 to address the vacant space issue and to generate a new revenue stream for the facility.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	10,497	(1,692)	10,498	(1,691)	6,825	-	-	-	-	-	3,673	$ (67,037,614)
Surgery	2,056	(138)	2,056	(138)	1,234	-	-	-	-	-	822	$ (31,942,504)
Intermediate/NHCU	100,547	-	100,873	326	15,131	-	-	-	-	-	85,742	$ (1,365,333)
Psychiatry	34,145	(861)	34,146	(860)	-	-	-	-	-	-	34,146	$ (11,594,936)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**147,245**	**(2,691)**	**147,573**	**(2,363)**	**23,190**	**-**	**-**	**-**	**-**	**-**	**124,383**	**$ (111,940,387)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	96,219	(574)	78,316	(18,478)	2,350	-	-	-	-	-	75,966	$ 42,072,920
Specialty Care	99,204	57,751	99,257	57,804	5,956	-	-	-	-	-	93,301	$ (16,745,062)
Mental Health	39,908	(49)	39,908	(49)	799	-	-	-	-	-	39,109	$ -
Ancillary & Diagnostics	134,898	37,096	135,352	37,549	5,415	-	-	-	-	-	129,937	$ (680,695)
Total	**370,229**	**94,223**	**352,833**	**76,827**	**14,520**	**-**	**-**	**-**	**-**	**-**	**338,313**	**$ 24,647,163**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	21,181	7,432	7,640	(6,109)	13,749	-	-	-	-	-	13,749	6,109
Surgery	3,311	1,960	1,365	14	1,351	-	-	-	-	-	1,351	(14)
Intermediate Care/NHCU	95,073	-	95,381	308	95,073	-	-	-	-	95,000	190,073	94,692
Psychiatry	55,317	35,325	55,317	35,325	19,992	-	23,000	-	-	-	42,992	(12,325)
PRRTP	-	(6,906)	-	(6,906)	6,906	-	-	-	-	-	6,906	6,906
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**174,881**	**37,810**	**159,703**	**22,632**	**137,071**	**-**	**23,000**	**-**	**-**	**95,000**	**255,071**	**95,368**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	46,667	15,965	37,983	7,281	30,702	-	-	-	6,700	-	37,402	(581)
Specialty Care	153,865	116,799	153,947	116,881	37,066	50,000	-	-	35,000	-	122,066	(31,881)
Mental Health	21,510	4,229	21,510	4,229	17,281	-	-	-	-	-	17,281	(4,229)
Ancillary and Diagnostics	82,882	15,821	83,160	16,099	67,061	-	-	-	-	-	67,061	(16,099)
Total	**304,924**	**152,814**	**296,600**	**144,490**	**152,110**	**50,000**	**-**	**-**	**41,700**	**-**	**243,810**	**(52,790)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(1,407)	-	(1,407)	1,407	-	-	-	-	-	1,407	1,407
Administrative	437,903	172,408	415,236	149,741	265,495	-	-	-	-	-	265,495	(149,741)
Other	70,326	-	70,326	-	70,326	-	-	-	-	-	70,326	-
Total	**508,229**	**171,001**	**485,562**	**148,334**	**337,228**	**-**	**-**	**-**	**-**	**-**	**337,228**	**(148,334)**

B. Indiana Market

1. Description of Market

a. Market Definition

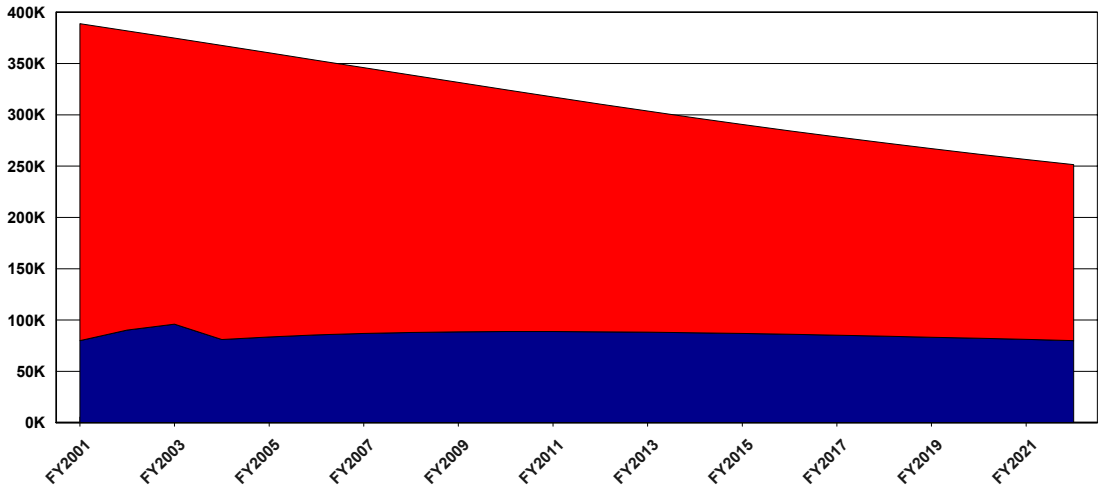
Market	Includes	Rationale	Shared Counties
Indiana Code: 11B	56 Indiana Counties 3 Ohio Counties **59 Total Counties**	This rural/urban market currently serves some 77,000 VHA enrollees and that level of participation is projected to increase to 108,500 by 2010. This market serves eight communities with over 50,000 inhabitants. The Indiana market is well established with the Marion Division, NIHCS beginning in the 1890's, the Indianapolis VAMC in the early 1930's and the Ft. Wayne Division, NIHCS in the early 1950's. The area and the long-standing VHA referral patterns are well supported by Interstates 65, 69, 70, 74, 465 & 469 and a strong state highway system. Four CBOCs provide primary care, while the three Indiana facilities provide a broad array of primary-tertiary and extended levels of care. These facilities care for over 95% of the enrollee population seeking primary care within a 20-mile arc and 99% seeking inpatient services within a 60-mile radius. There are no major topographic barriers in this market.	After discussions with VISNs 9, 10, & 15 there are no shared market area issues with these neighboring networks. During CARES Phase I, there were no shared market issues with VISN 12 to the northwest.

b. Facility List

VISN : 11				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Fort Wayne				
610A4 N. Indiana HCS-Ft. Wayne	✔	✔	-	-
610GA South Bend	✔	-	-	-
New Elkhart	✔	-	-	-
Indianapolis				
583 Indianapolis	✔	✔	✔	-
583GA Terre Haute	✔	-	-	-
583GB Bloomington	✔	-	-	-
New Columbus	✔	-	-	-
New Hamilton	✔	-	-	-
New Danville	✔	-	-	-
New Greenwood	✔	-	-	-
New Martinsville	✔	-	-	-
Marion				
610 N. Indiana HCS-Marion	✔	-	-	-
610GB Muncie	✔	-	-	-
New Peru	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Indiana Market						
Market PI	**Category**	**Type of Gap**	**Feburary 2003 (New)**			
			FY2012 Gap	**FY2012 % Gap**	**FY2022 Gap**	**FY2022 % Gap**
Y	Access to Primary Care					
	Access to Hospital Care					
	Access to Tertiary Care					
PI	Primary Care Outpatient Stops	Population Based	119,767	66%	81,942	45%
		Treating Facility Based	115,078	58%	74,970	38%
PI	Specialty Care Outpatient Stops	Population Based	92,422	60%	70,913	46%
		Treating Facility Based	100,451	60%	75,591	45%
	Psychiatry Inpatient Beds	Population Based	13	10%	1	1%
		Treating Facility Based	13	8%	2	1%
	Medicine Inpatient Beds	Population Based	-4	-5%	-23	-25%
		Treating Facility Based	-4	-4%	-24	-24%
	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	2,181	2%	1,102.0	1%
	Surgery Inpatient Beds	Population Based	-3	-8%	-10	-27%
		Treating Facility Based	-1	-4%	-10	-26%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

VISN 11 has attempted to listen and discuss the options with our internal/ external stakeholders throughout the CARES process. The VIP Network has compiled the following history of those stakeholder events:

A. All major stakeholders received a letter from the Network Director explaining the CARES process and soliciting their active participation, June 2000.

B. In June/July 2002 - the CARES Coordinator conducted a site visit of all facilities in VISN 11 to explain the CARES process. A letter and phone call was made to all major stakeholder offices inviting them to this CARES educational program.

C. On December 3, 2002 – The CARES Coordinator conducted the first market meeting in the Central Illinois Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders within the market inviting them to this session.

D. On December 5, 2002 – The CARES Coordinator conducted the first market meeting in the Indiana Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders.

E. On December 17, 2002 – The CARES Coordinator conducted the first market meeting in the Michigan Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders. These 3 sessions provided stakeholders with information about the CARES process, requirements, market definition, projection model results for population/ workload, and discussion about various options to address the service gaps.

F. On March 10, 2003 – The CARES Coordinator conducted the second market meeting in the Central Illinois Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders.

G. On March 12, 2003 – The CARES Coordinator conducted the second market meeting in the Indiana Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders.

H. On March 14, 2003 – The CARES Coordinator conducted the second market meeting in the Michigan Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders. These 3 sessions provided with updated information about the CARES process, new requirements

& model results, disclosed all the preliminary options to address the service gaps, and asked for feedback for improvement to those options.

Letters of invitation for the first information session and the two series of market meetings were sent to a variety of stakeholders including: all major VSOs, unions, affiliates (4), state officials including state home directors & other major community contributors to the VHA mission. The CARES Coordinator also met quarterly with the multi-disciplinary Management Assistance Council. A briefing was just conducted on April 9, 2002 with this group to discuss all the CARES options developed. We have sent flyers, facility & network newsletters that have contained numerous articles on the CARES process/products. VISN 11 also developed an interactive website that informed all stakeholders of the progress of CARES.

At the facility level, town hall meetings were conducted with employees, volunteers, VSOs, affiliates, unions and other interested parties. Monthly meetings with VSOs were conducted and the care sites provided employees and patients with flyers, handouts, and articles from local papers. Each facility CARES Liaisons and Public Affairs Officers orchestrated all facility events, publicity, and products.

The VIP Network also established an advisory committee to the Executive Leadership Council. The VISN 11 CARES Work Group met on three different occasions to discuss the process, planning initiatives developed by the NCPO, and the options developed to address the approved PIs. The CARES Work Group is comprised of senior VISN staff and three AFGE Presidents. This Group developed the final options for ELC review, consideration and final approval.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

Today the Indiana Market is serving some 79,800 enrollees and that population base will gradually increase to 88,500 by '2012 and decline back to 79,900 by 2022. The market share will increase in the 51-county catchment area from 20.5 to 31.8% during the same period. Three VHA care sites serve this market and they are the Indianapolis VAMC, and the NIHCS –Ft. Wayne & Marion Divisions. The NIHCS was administratively coupled some 6 years ago. The Indianapolis VAMC is a 120-bed tertiary care referral center while the Ft. Wayne facility is a small 26-bed GM&S, and the Marion Division is a 217-bed large psychiatric/LTC facility. Because of the relatively large and dispersed population base, there are primary care outpatient access, primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Indiana Market is planning the following:

- To address the access issue, add 7 new CBOCs in the following communities, Carmel, Columbus, Danville, Elkhart, Greenwood, Martinsville, & Peru Indiana (70%).
- To significantly increase the workload capacity for primary care at all sites, +118,000 stops
- To significantly increase the workload capacity for specialty care at selected sites, +73,900 stops
- Develop a new telemedicine network system for the specialty care outpatient program – some 700 patients & 8,400 stops projected @ Indianapolis
- Increase the diagnostic/ancillary services at all three facilities by +163,100 stops
- Develop a replacement bed project at the Indianapolis VAMC for a new 7/8th floors and
- Close the acute care beds at the Ft. Wayne Division – increase the contract hospitalization (4ADC) and transfer the stable & tertiary level (8 ADC) patients to the Indianapolis VAMC

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

PRIMARY CARE: The Indiana Market currently has 7 care sites that provide primary care within the service area. The Access standard calls for 70% of enrollees residing within 30 minutes of a VHA Primary Care provider and the current Indiana baseline is 63%. According to the Access Calculator, seven (7) additional CBOCs are required to meet/exceed the standard and they are: Carmel, Columbus, Danville, Elkhart, Greenwood, Martinsville & Peru, Indiana. With the addition of these seven CBOCs, the Indiana Market will meet the standard in 2012 and 2022.

HOSPITAL CARE: There are no Access Issues for hospital care in the Indiana Market. 66% of all enrollees are within the 1-hour access target.

TERTIARY CARE: There are no Access Issues for tertiary care in the Indiana Market. 100% of all enrollees are within the 3-4 hour access target.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**63%**	32,688	**70%**	26,569	**70%**	23,981
Hospital Care	**66%**	30,037	**66%**	30,111	**66%**	27,178
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care:	Urban & Rural Counties – 4 hours Highly Rural Counties – within VISN

3. Facility Level Information – Columbus

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Indiana Market is serving some 79,800 enrollees and that population base will gradually increase to 88,500 by '2012 and decline back to 79,900 by 2022. The market share will increase in the 51-county catchment area from 20.5 to 31.8% during the same period. Three VHA care sites serve this market and they are the Indianapolis VAMC, and the NIHCS –Ft. Wayne & Marion Divisions. The NIHCS was administratively coupled some 6 years ago. The Indianapolis VAMC is a 120-bed tertiary care referral center while the Ft. Wayne facility is a small 26-bed GM&S, and the Marion Division is a 217-bed large psychiatric/LTC facility. Because of the relatively large and dispersed population base, there are primary care outpatient access, primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Indiana Market is planning the following:
- To address the access issue, add 7 new CBOCs in the following communities, Carmel, Columbus, Danville, Elkhart, Greenwood, Martinsville, & Peru Indiana (70%).
- To significantly increase the workload capacity for primary care at all sites, +118,000 stops
- To significantly increase the workload capacity for specialty care at selected sites, +73,900 stops
- Develop a new telemedicine network system for the specialty care outpatient program – some 700 patients & 8,400 stops projected @ Indianapolis
- Increase the diagnostic/ancillary services at all three facilities by +163,100 stops
- Develop a replacement bed project at the Indianapolis VAMC for a new 7/8th floors and
- Close the acute care beds at the Ft. Wayne Division – increase the contract hospitalization (4ADC) and transfer the stable & tertiary level (8 ADC) patients to the Indianapolis VAMC

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	7,800	7,800	-	-	-	-	-	-	7,800	$ (18,034,752)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**7,800**	**7,800**	**-**	**-**	**-**	**-**	**-**	**-**	**7,800**	**$ (18,034,752)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	4,134	4,134	-	-	-	-	3,200	-	3,200	(934)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**4,134**	**4,134**	**-**	**-**	**-**	**-**	**3,200**	**-**	**3,200**	**(934)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	2,480	2,480	-	-	-	-	1,250	-	1,250	(1,230)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**2,480**	**2,480**	**-**	**-**	**-**	**-**	**1,250**	**-**	**1,250**	**(1,230)**

4. Facility Level Information – Danville

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Indiana Market is serving some 79,800 enrollees and that population base will gradually increase to 88,500 by '2012 and decline back to 79,900 by 2022. The market share will increase in the 51-county catchment area from 20.5 to 31.8% during the same period. Three VHA care sites serve this market and they are the Indianapolis VAMC, and the NIHCS –Ft. Wayne & Marion Divisions. The NIHCS was administratively coupled some 6 years ago. The Indianapolis VAMC is a 120-bed tertiary care referral center while the Ft. Wayne facility is a small 26-bed GM&S, and the Marion Division is a 217-bed large psychiatric/LTC facility. Because of the relatively large and dispersed population base, there are primary care outpatient access, primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Indiana Market is planning the following:
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- To significantly increase the workload capacity for specialty care at selected sites, +73,900 stops
- Develop a new telemedicine network system for the specialty care outpatient program – some 700 patients & 8,400 stops projected @ Indianapolis
- Increase the diagnostic/ancillary services at all three facilities by +163,100 stops
- Develop a replacement bed project at the Indianapolis VAMC for a new 7/8th floors and
- Close the acute care beds at the Ft. Wayne Division – increase the contract hospitalization (4ADC) and transfer the stable & tertiary level (8 ADC) patients to the Indianapolis VAMC

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	14,000	14,000	-	-	-	-	-	-	14,000	$ (32,334,392)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**14,000**	**14,000**	**-**	**-**	**-**	**-**	**-**	**-**	**14,000**	**$ (32,334,392)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	7,420	7,420	-	-	-	-	5,600	-	5,600	(1,820)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**7,420**	**7,420**	**-**	**-**	**-**	**-**	**5,600**	**-**	**5,600**	**(1,820)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	4,452	4,452	-	-	-	-	2,300	-	2,300	(2,152)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**4,452**	**4,452**	**-**	**-**	**-**	**-**	**2,300**	**-**	**2,300**	**(2,152)**

5. Facility Level Information – Elkhart

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Indiana Market is serving some 79,800 enrollees and that population base will gradually increase to 88,500 by '2012 and decline back to 79,900 by 2022. The market share will increase in the 51-county catchment area from 20.5 to 31.8% during the same period. Three VHA care sites serve this market and they are the Indianapolis VAMC, and the NIHCS –Ft. Wayne & Marion Divisions. The NIHCS was administratively coupled some 6 years ago. The Indianapolis VAMC is a 120-bed tertiary care referral center while the Ft. Wayne facility is a small 26-bed GM&S, and the Marion Division is a 217-bed large psychiatric/LTC facility. Because of the relatively large and dispersed population base, there are primary care outpatient access, primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Indiana Market is planning the following:
- To address the access issue, add 7 new CBOCs in the following communities, Carmel, Columbus, Danville, Elkhart, Greenwood, Martinsville, & Peru Indiana (70%).
- To significantly increase the workload capacity for primary care at all sites, +118,000 stops
- To significantly increase the workload capacity for specialty care at selected sites, +73,900 stops
- Develop a new telemedicine network system for the specialty care outpatient program – some 700 patients & 8,400 stops projected @ Indianapolis
- Increase the diagnostic/ancillary services at all three facilities by +163,100 stops
- Develop a replacement bed project at the Indianapolis VAMC for a new 7/8th floors and
- Close the acute care beds at the Ft. Wayne Division – increase the contract hospitalization (4ADC) and transfer the stable & tertiary level (8 ADC) patients to the Indianapolis VAMC

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	2,500	2,500	-	-	-	-	-	-	2,500	$ (4,102,111)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**2,500**	**2,500**	**-**	**-**	**-**	**-**	**-**	**-**	**2,500**	**$ (4,102,111)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	1,400	1,400	-	-	-	-	1,100	-	1,100	(300)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,400**	**1,400**	**-**	**-**	**-**	**-**	**1,100**	**-**	**1,100**	**(300)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	1,288	1,288	-	-	-	-	650	-	650	(638)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,288**	**1,288**	**-**	**-**	**-**	**-**	**650**	**-**	**650**	**(638)**

6. Facility Level Information – Fort Wayne

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

Background:

The VHA's Northern Indiana HCS- Ft. Wayne Division is a small G&MS, non-affiliated type facility that is an integral part of the Indiana Market, VISN 11. This health care facility over the past 53 years has provided a limited array of medical, specialty care services to the veterans who reside primarily in the upper northeast quadrant of Indiana and northwest Ohio. Veterans requiring secondary and tertiary level medical care are routinely transferred to the VA Medical Center located in Indianapolis, Indiana. Contract hospitalization is available in the general area as there are three full-service community hospitals in Allen County.

Access to the VHA system in this area has been improved over the past 10 years with the addition of two community-based outpatient clinics (CBOCs) located in the mid-sized communities of Muncie and South Bend Indiana and two more are planned in the future. The Ft. Wayne Division is the 'mother hospital' for the South Bend Clinic that has assisted in allowing the some 82,000 veterans /17,000 enrollees to receive primary outpatient care in relatively close geographic proximity to their homes. The Ft. Wayne Division is located in the second largest city in the State of Indiana with some 206,000 residents with a supporting county population base of almost 322,000.

CARES Small Facility Planning Initiative:

The initial and revised bed projections for the NIHCS, Ft. Wayne Division did not change and as a result, a comprehensive review of the mission, workload, costs, access, quality of care, patient safety & environment, employee & community impact, research & education have been underway since November, 2002. Examination of the current data indicates that Ft. Wayne Division provides a high quality level of care for the services that they provide and that they are relatively cost-effective. They are a respected part of the community and the veterans service organizations and other stakeholders appreciate and are proud of the care that they receive or provide there. However, the projected number of beds for the year 2012 is 12 and 10 for the year 2022. These CARES projections were not surprising because past results of the Integrated Planning Model showed comparable bed projections. Four very distinct options were developed & evaluated within the CARES process with the following option being selected by the Executive Leadership Council. VISN 11 recommends the following for the NIHCS – Ft. Wayne Division by 2012:

Recommendations:
- Retain the Ft. Wayne Division as a health care site for VHA Primary Outpatient Care, Specialty Outpatient Care, and Mental Health Outpatient Care. Pursue a EU Lease or renovate/expand existing ambulatory care space for the projected workload, FY 2012.
- Close the acute medical beds at the Ft. Wayne Division.
- Patients (2 –4 ADC) requiring emergency inpatient care should continue receiving that level of care at a community hospital in the greater Ft. Wayne area.
- The remainder of the patients (6-8 ADC) should be transferred to the Indianapolis, Indiana VAMC.
- A new network patient transfer policy and patient coordination/management policy will be required prior to the closure of the acute medical beds.
- Continue transferring patients requiring inpatient psychiatric care to the NIHCS – Marion Division.
- Open two new CBOCs in Miami County (Peru) and Elkhart (Elkhart), Indiana.

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

Ft. Wayne will pursue an enhanced-use lease arrangement with a community provider for either a) existing structure in the area, including outpatient clinic, or b) a built-to-suit ambulatory care facility on a new site. Existing VA site in Ft. Wayne would be made available for other enhanced-use initiatives.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Indiana Market is serving some 79,800 enrollees and that population base will gradually increase to 88,500 by '2012 and decline back to 79,900 by 2022. The market share will increase in the 51-county catchment area from 20.5 to 31.8% during the same period. Three VHA care sites serve this market and they are the Indianapolis VAMC, and the NIHCS –Ft. Wayne & Marion Divisions. The NIHCS was administratively coupled some 6 years ago. The Indianapolis VAMC is a 120-bed tertiary care referral center while the Ft. Wayne facility is a small 26-bed GM&S, and the Marion Division is a 217-bed large psychiatric/LTC facility. Because of the relatively large and dispersed population base, there are primary care outpatient access, primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Indiana Market is planning the following:
- To address the access issue, add 7 new CBOCs in the following communities, Carmel, Columbus, Danville, Elkhart, Greenwood, Martinsville, & Peru Indiana (70%).
- To significantly increase the workload capacity for primary care at all sites, +118,000 stops

- To significantly increase the workload capacity for specialty care at selected sites, +73,900 stops
- Develop a new telemedicine network system for the specialty care outpatient program – some 700 patients & 8,400 stops projected @ Indianapolis
- Increase the diagnostic/ancillary services at all three facilities by +163,100 stops
- Develop a replacement bed project at the Indianapolis VAMC for a new 7/8th floors and
- Close the acute care beds at the Ft. Wayne Division – increase the contract hospitalization (4ADC) and transfer the stable & tertiary level (8 ADC) patients to the Indianapolis VAMC

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	3,840	(2,515)	3,840	(2,515)	758	-	3,082	-	-	-	-	$ 43,609,542
Surgery	192	(379)	193	(378)	193	-	-	-	-	-	-	$ (3,308,624)
Intermediate/NHCU	29	-	29	-	-	-	-	-	-	-	29	$ -
Psychiatry	1,225	36	1,225	36	-	-	1,225	-	-	-	-	$ 21,632,025
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**5,286**	**(2,858)**	**5,287**	**(2,857)**	**951**	**-**	**4,307**	**-**	**-**	**-**	**29**	**$ 61,932,943**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	49,213	12,733	42,483	6,003	-	-	-	-	-	-	42,483	$ 13,222,595
Specialty Care	42,231	20,100	41,853	19,722	-	-	-	-	-	-	41,853	$ 1,429,280
Mental Health	6,473	158	6,474	159	1,200	-	-	-	-	-	5,274	$ (74,310)
Ancillary & Diagnostics	50,085	18,161	50,386	18,462	-	-	-	-	-	-	50,386	$ (581,506)
Total	**148,003**	**51,153**	**141,196**	**44,346**	**1,200**	**-**	**-**	**-**	**-**	**-**	**139,996**	**$ 13,996,059**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	7,827	(10,883)	-	(18,710)	18,710	-	-	-	-	-	18,710	18,710
Surgery	292	292	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	52	52	52	52	-	-	-	-	-	-	-	(52)
Psychiatry	1,985	1,985	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**10,155**	**(8,555)**	**52**	**(18,658)**	**18,710**	**-**	**-**	**-**	**-**	**-**	**18,710**	**18,658**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	27,560	16,153	23,790	12,383	11,407	-	-	-	-	19,500	30,907	7,117
Specialty Care	69,683	48,023	69,057	47,397	21,660	-	-	-	-	52,000	73,660	4,603
Mental Health	5,373	1,467	4,377	471	3,906	-	-	-	-	-	3,906	(471)
Ancillary and Diagnostics	48,083	37,462	48,371	37,750	10,621	-	-	-	-	36,400	47,021	(1,350)
Total	**150,699**	**103,105**	**145,595**	**98,001**	**47,594**	**-**	**-**	**-**	**-**	**107,900**	**155,494**	**9,899**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	147,986	86,938	133,995	72,947	61,048	-	-	-	6,700	-	67,748	(66,247)
Other	13,819	-	13,819	-	13,819	-	-	-	-	-	13,819	-
Total	**161,805**	**86,938**	**147,814**	**72,947**	**74,867**	**-**	**-**	**-**	**6,700**	**-**	**81,567**	**(66,247)**

7. Facility Level Information – Greenwood

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Indiana Market is serving some 79,800 enrollees and that population base will gradually increase to 88,500 by '2012 and decline back to 79,900 by 2022. The market share will increase in the 51-county catchment area from 20.5 to 31.8% during the same period. Three VHA care sites serve this market and they are the Indianapolis VAMC, and the NIHCS –Ft. Wayne & Marion Divisions. The NIHCS was administratively coupled some 6 years ago. The Indianapolis VAMC is a 120-bed tertiary care referral center while the Ft. Wayne facility is a small 26-bed GM&S, and the Marion Division is a 217-bed large psychiatric/LTC facility. Because of the relatively large and dispersed population base, there are primary care outpatient access, primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Indiana Market is planning the following:

- To address the access issue, add 7 new CBOCs in the following communities, Carmel, Columbus, Danville, Elkhart, Greenwood, Martinsville, & Peru Indiana (70%).
- To significantly increase the workload capacity for primary care at all sites, +118,000 stops
- To significantly increase the workload capacity for specialty care at selected sites, +73,900 stops
- Develop a new telemedicine network system for the specialty care outpatient program – some 700 patients & 8,400 stops projected @ Indianapolis
- Increase the diagnostic/ancillary services at all three facilities by +163,100 stops
- Develop a replacement bed project at the Indianapolis VAMC for a new 7/8th floors and
- Close the acute care beds at the Ft. Wayne Division – increase the contract hospitalization (4ADC) and transfer the stable & tertiary level (8 ADC) patients to the Indianapolis VAMC

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	13,980	13,980	-	-	-	-	-	-	13,980	$ (32,290,184)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**13,980**	**13,980**	**-**	**-**	**-**	**-**	**-**	**-**	**13,980**	**$ (32,290,184)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	7,409	7,409	-	-	-	-	5,600	-	5,600	(1,809)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**7,409**	**7,409**	**-**	**-**	**-**	**-**	**5,600**	**-**	**5,600**	**(1,809)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	4,445	4,445	-	-	-	-	2,300	-	2,300	(2,145)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**4,445**	**4,445**	**-**	**-**	**-**	**-**	**2,300**	**-**	**2,300**	**(2,145)**

8. Facility Level Information – Hamilton

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Indiana Market is serving some 79,800 enrollees and that population base will gradually increase to 88,500 by '2012 and decline back to 79,900 by 2022. The market share will increase in the 51-county catchment area from 20.5 to 31.8% during the same period. Three VHA care sites serve this market and they are the Indianapolis VAMC, and the NIHCS –Ft. Wayne & Marion Divisions. The NIHCS was administratively coupled some 6 years ago. The Indianapolis VAMC is a 120-bed tertiary care referral center while the Ft. Wayne facility is a small 26-bed GM&S, and the Marion Division is a 217-bed large psychiatric/LTC facility. Because of the relatively large and dispersed population base, there are primary care outpatient access, primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Indiana Market is planning the following:
- To address the access issue, add 7 new CBOCs in the following communities, Carmel, Columbus, Danville, Elkhart, Greenwood, Martinsville, & Peru Indiana (70%).
- To significantly increase the workload capacity for primary care at all sites, +118,000 stops
- To significantly increase the workload capacity for specialty care at selected sites, +73,900 stops
- Develop a new telemedicine network system for the specialty care outpatient program – some 700 patients & 8,400 stops projected @ Indianapolis
- Increase the diagnostic/ancillary services at all three facilities by +163,100 stops
- Develop a replacement bed project at the Indianapolis VAMC for a new 7/8th floors and
- Close the acute care beds at the Ft. Wayne Division – increase the contract hospitalization (4ADC) and transfer the stable & tertiary level (8 ADC) patients to the Indianapolis VAMC

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	15,880	15,880	-	-	-	-	-	-	15,880	$ (36,688,362)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**15,880**	**15,880**	**-**	**-**	**-**	**-**	**-**	**-**	**15,880**	**$ (36,688,362)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	8,416	8,416	-	-	-	-	6,400	-	6,400	(2,016)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**8,416**	**8,416**	**-**	**-**	**-**	**-**	**6,400**	**-**	**6,400**	**(2,016)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	5,050	5,050	-	-	-	-	2,600	-	2,600	(2,450)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**5,050**	**5,050**	**-**	**-**	**-**	**-**	**2,600**	**-**	**2,600**	**(2,450)**

9. Facility Level Information – Indianapolis

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

There are no major/operating forts, bases, or naval stations in the VISN 11 catchment area. Three geographically isolated small clinics operated by DOD are of a size to small for collaboration. Therefore, there is no sharing of staff, patients and/or resources with the DOD and VISN 11. Currently the network does have active multi-facility/year TRICARE & FED HEALS contracts with the DOD.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

The Indianapolis, Indiana VAMC and the NIHCS-Marion Division want to pursue a co-location project with VBA. Indianapolis has been identified as a high priority site by VBA officials recently but the Marion Division would also like to be considered within this upcoming site analysis and approval process. If Marion is selected, they would need to demolish vacant B-122 (37,100 sf) and donate some 3 acres of property for the project. There does not appear to be an interest by VBA officials to co-locate the Regional Office in Detroit at this time.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Indiana Market is serving some 79,800 enrollees and that population base will gradually increase to 88,500 by '2012 and decline back to 79,900 by 2022. The market share will increase in the 51-county catchment area from 20.5 to 31.8% during the same period. Three VHA care sites serve this market and they are the Indianapolis VAMC, and the NIHCS –Ft. Wayne & Marion Divisions. The NIHCS was administratively coupled some 6 years ago. The Indianapolis VAMC is a 120-bed tertiary care referral center while the Ft. Wayne facility is a small 26-bed GM&S, and the Marion Division is a 217-bed large psychiatric/LTC facility. Because of the relatively large and dispersed population base, there are primary care outpatient access, primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Indiana Market is planning the following:
- To address the access issue, add 7 new CBOCs in the following communities, Carmel, Columbus, Danville, Elkhart, Greenwood, Martinsville, & Peru Indiana (70%).
- To significantly increase the workload capacity for primary care at all sites, +118,000 stops
- To significantly increase the workload capacity for specialty care at selected sites, +73,900 stops
- Develop a new telemedicine network system for the specialty care outpatient program – some 700 patients & 8,400 stops projected @ Indianapolis

- Increase the diagnostic/ancillary services at all three facilities by +163,100 stops
- Develop a replacement bed project at the Indianapolis VAMC for a new 7/8th floors and
- Close the acute care beds at the Ft. Wayne Division – increase the contract hospitalization (4ADC) and transfer the stable & tertiary level (8 ADC) patients to the Indianapolis VAMC

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	22,241	2,048	22,241	2,048	223	-	-	1,883	-	-	23,901	$ (36,816,144)
Surgery	11,903	28	11,903	28	120	-	-	-	-	-	11,783	$ 20,439
Intermediate/NHCU	38,572	-	38,572	-	35,487	-	-	-	-	-	3,085	$ -
Psychiatry	4,788	919	4,789	920	800	-	-	-	-	-	3,989	$ 363,965
PRRTP	4,192	-	4,192	-	-	-	-	-	-	-	4,192	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**81,696**	**2,995**	**81,697**	**2,996**	**36,630**	**-**	**-**	**1,883**	**-**	**-**	**46,950**	**$ (36,431,740)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	224,425	95,694	169,205	40,474	8,461	-	-	-	-	-	160,744	$ 111,691,692
Specialty Care	191,957	62,237	191,090	61,370	9,555	8,400	-	-	-	-	173,135	$ 29,656,590
Mental Health	62,105	2,015	62,106	2,015	7,453	-	-	-	-	-	54,653	$ (4,561,615)
Ancillary & Diagnostics	250,254	112,420	249,097	111,263	17,437	-	-	-	-	-	231,660	$ (9,412,830)
Total	**728,741**	**272,366**	**671,498**	**215,123**	**42,906**	**8,400**	**-**	**-**	**-**	**-**	**620,192**	**$ 127,373,837**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	53,065	5,742	57,601	10,278	47,323	-	-	-	-	-	47,323	(10,278)
Surgery	19,915	145	19,913	143	19,770	-	-	-	-	-	19,770	(143)
Intermediate Care/NHCU	17,667	-	17,663	(4)	17,667	-	-	-	-	-	17,667	4
Psychiatry	8,046	2,453	6,702	1,109	5,593	-	-	-	-	-	5,593	(1,109)
PRRTP	19,954	19,954	19,954	19,954	-	-	-	-	-	-	-	(19,954)
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**118,646**	**28,293**	**121,833**	**31,480**	**90,353**	**-**	**-**	**-**	**-**	**-**	**90,353**	**(31,480)**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	112,998	76,662	85,194	48,858	36,336	-	24,500	-	7,000	-	67,836	(17,358)
Specialty Care	200,595	71,136	190,449	60,990	129,459	-	15,000	-	-	-	144,459	(45,990)
Mental Health	34,432	21,070	34,431	21,069	13,362	-	14,000	-	-	-	27,362	(7,069)
Ancillary and Diagnostics	167,570	84,018	166,795	83,243	83,552	-	-	-	42,000	-	125,552	(41,243)
Total	**515,595**	**252,886**	**476,869**	**214,160**	**262,709**	**-**	**53,500**	**-**	**49,000**	**-**	**365,209**	**(111,660)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(74,603)	66,920	(7,683)	74,603	-	-	-	-	-	74,603	7,683
Administrative	425,307	168,463	399,373	142,529	256,844	-	-	-	-	-	256,844	(142,529)
Other	37,417	-	37,417	-	37,417	-	-	-	-	-	37,417	-
Total	**462,724**	**93,860**	**503,710**	**134,846**	**368,864**	**-**	**-**	**-**	**-**	**-**	**368,864**	**(134,846)**

10. Facility Level Information – Marion

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

There are no major/operating forts, bases, or naval stations in the VISN 11 catchment area. Three geographically isolated small clinics operated by DOD are of a size to small for collaboration. Therefore, there is no sharing of staff, patients and/or resources with the DOD and VISN 11. Currently the network does have active multi-facility/year TRICARE & FED HEALS contracts with the DOD.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

The Indianapolis, Indiana VAMC and the NIHCS-Marion Division want to pursue a co-location project with VBA. Indianapolis has been identified as a high priority site by VBA officials recently but the Marion Division would also like to be considered within this upcoming site analysis and approval process. If Marion is selected, they would need to demolish vacant B-122 (37,100 sf) and donate some 3 acres of property for the project. There does not appear to be an interest by VBA officials to co-locate the Regional Office in Detroit at this time.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

The National Cemetery Administration and the NIHCS-Marion Division want to pursue an expansion of the current cemetery property that is located immediately adjacent to the Marion facility. With this expansion, Marion will be required to

demolish 13 vacant buildings (265,500 gsf) and provide a clean site on the nine (9) acres of the Marion Property. NCA is interested in acquiring this property as soon as possible, but Marion needs to get their final approval from the National Historic Register Office, Washington DC. Immediate assistance from VACO is required for this project, Marion's historic plan was submitted some 2+ years ago to the Register.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Indiana Market is serving some 79,800 enrollees and that population base will gradually increase to 88,500 by '2012 and decline back to 79,900 by 2022. The market share will increase in the 51-county catchment area from 20.5 to 31.8% during the same period. Three VHA care sites serve this market and they are the Indianapolis VAMC, and the NIHCS –Ft. Wayne & Marion Divisions. The NIHCS was administratively coupled some 6 years ago. The Indianapolis VAMC is a 120-bed tertiary care referral center while the Ft. Wayne facility is a small 26-bed GM&S, and the Marion Division is a 217-bed large psychiatric/LTC facility. Because of the relatively large and dispersed population base, there are primary

care outpatient access, primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Indiana Market is planning the following:

- To address the access issue, add 7 new CBOCs in the following communities, Carmel, Columbus, Danville, Elkhart, Greenwood, Martinsville, & Peru Indiana (70%).
- To significantly increase the workload capacity for primary care at all sites, +118,000 stops
- To significantly increase the workload capacity for specialty care at selected sites, +73,900 stops
- Develop a new telemedicine network system for the specialty care outpatient program – some 700 patients & 8,400 stops projected @ Indianapolis
- Increase the diagnostic/ancillary services at all three facilities by +163,100 stops
- Develop a replacement bed project at the Indianapolis VAMC for a new 7/8th floors and
- Close the acute care beds at the Ft. Wayne Division – increase the contract hospitalization (4ADC) and transfer the stable & tertiary level (8 ADC) patients to the Indianapolis VAMC

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	3,216	(653)	3,217	(652)	322	-	-	1,200	-	-	4,095	$ (22,139,908)
Surgery	33	(98)	34	(97)	34	-	-	-	-	-	-	$ (18,513)
Intermediate/NHCU	96,353	-	96,094	(259)	53,813	-	-	-	-	-	42,281	$ 1,186,372
Psychiatry	46,753	2,978	46,754	2,979	-	-	-	1,190	-	-	47,944	$ (13,239,755)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**146,356**	**2,228**	**146,099**	**1,971**	**54,169**	**-**	**-**	**2,390**	**-**	**-**	**94,320**	**$ (34,211,804)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	38,440	6,649	38,031	6,240	761	-	-	-	-	-	37,270	$ 1,137,415
Specialty Care	32,399	18,110	32,165	17,876	2,574	-	-	-	-	-	29,591	$ (2,446,422)
Mental Health	35,092	8	35,092	8	351	-	-	-	-	-	34,741	$ -
Ancillary & Diagnostics	70,578	32,642	68,305	30,369	4,782	-	-	-	-	-	63,523	$ 534,512
Total	**176,508**	**57,408**	**173,593**	**54,493**	**8,468**	**-**	**-**	**-**	**-**	**-**	**165,125**	**$ (774,495)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	6,022	(672)	8,518	1,824	6,694	-	-	-	-	-	6,694	(1,824)
Surgery	5	5	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	71,622	-	71,429	(193)	71,622	-	-	-	-	-	71,622	193
Psychiatry	114,080	58,094	116,983	60,997	55,986	-	33,500	-	-	-	89,486	(27,497)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**191,729**	**57,427**	**196,930**	**62,628**	**134,302**	**-**	**33,500**	**-**	**-**	**-**	**167,802**	**(29,128)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	27,877	11,074	27,580	10,777	16,803	4,500	-	-	-	-	21,303	(6,277)
Specialty Care	49,182	40,505	48,825	40,148	8,677	28,500	-	-	-	-	37,177	(11,648)
Mental Health	28,835	6,505	28,835	6,505	22,330	-	-	-	-	-	22,330	(6,505)
Ancillary and Diagnostics	63,012	31,234	60,982	29,204	31,778	-	-	-	14,300	-	46,078	(14,904)
Total	**168,906**	**89,318**	**166,222**	**86,634**	**79,588**	**33,000**	**-**	**-**	**14,300**	**-**	**126,888**	**(39,334)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(209)	70	(139)	209	-	-	-	-	-	209	139
Administrative	353,627	143,345	355,958	145,676	210,282	-	-	-	-	-	210,282	(145,676)
Other	73,603	-	73,603	-	73,603	-	-	-	-	-	73,603	-
Total	**427,230**	**143,136**	**429,631**	**145,537**	**284,094**	**-**	**-**	**-**	**-**	**-**	**284,094**	**(145,537)**

11. Facility Level Information – Martinsville

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Indiana Market is serving some 79,800 enrollees and that population base will gradually increase to 88,500 by '2012 and decline back to 79,900 by 2022. The market share will increase in the 51-county catchment area from 20.5 to 31.8% during the same period. Three VHA care sites serve this market and they are the Indianapolis VAMC, and the NIHCS –Ft. Wayne & Marion Divisions. The NIHCS was administratively coupled some 6 years ago. The Indianapolis VAMC is a 120-bed tertiary care referral center while the Ft. Wayne facility is a small 26-bed GM&S, and the Marion Division is a 217-bed large psychiatric/LTC facility. Because of the relatively large and dispersed population base, there are primary care outpatient access, primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Indiana Market is planning the following:
- To address the access issue, add 7 new CBOCs in the following communities, Carmel, Columbus, Danville, Elkhart, Greenwood, Martinsville, & Peru Indiana (70%).
- To significantly increase the workload capacity for primary care at all sites, +118,000 stops
- To significantly increase the workload capacity for specialty care at selected sites, +73,900 stops
- Develop a new telemedicine network system for the specialty care outpatient program – some 700 patients & 8,400 stops projected @ Indianapolis
- Increase the diagnostic/ancillary services at all three facilities by +163,100 stops
- Develop a replacement bed project at the Indianapolis VAMC for a new 7/8th floors and
- Close the acute care beds at the Ft. Wayne Division – increase the contract hospitalization (4ADC) and transfer the stable & tertiary level (8 ADC) patients to the Indianapolis VAMC

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	2,500	2,500	-	-	-	-	-	-	2,500	$ (3,942,208)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**2,500**	**2,500**	**-**	**-**	**-**	**-**	**-**	**-**	**2,500**	**$ (3,942,208)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	1,325	1,325	-	-	-	-	1,000	-	1,000	(325)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,325**	**1,325**	**-**	**-**	**-**	**-**	**1,000**	**-**	**1,000**	**(325)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	795	795	-	-	-	-	400	-	400	(395)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**795**	**795**	**-**	**-**	**-**	**-**	**400**	**-**	**400**	**(395)**

12. Facility Level Information – Peru

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Indiana Market is serving some 79,800 enrollees and that population base will gradually increase to 88,500 by '2012 and decline back to 79,900 by 2022. The market share will increase in the 51-county catchment area from 20.5 to 31.8% during the same period. Three VHA care sites serve this market and they are the Indianapolis VAMC, and the NIHCS –Ft. Wayne & Marion Divisions. The NIHCS was administratively coupled some 6 years ago. The Indianapolis VAMC is a 120-bed tertiary care referral center while the Ft. Wayne facility is a small 26-bed GM&S, and the Marion Division is a 217-bed large psychiatric/LTC facility. Because of the relatively large and dispersed population base, there are primary care outpatient access, primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Indiana Market is planning the following:
- To address the access issue, add 7 new CBOCs in the following communities, Carmel, Columbus, Danville, Elkhart, Greenwood, Martinsville, & Peru Indiana (70%).
- To significantly increase the workload capacity for primary care at all sites, +118,000 stops
- To significantly increase the workload capacity for specialty care at selected sites, +73,900 stops
- Develop a new telemedicine network system for the specialty care outpatient program – some 700 patients & 8,400 stops projected @ Indianapolis
- Increase the diagnostic/ancillary services at all three facilities by +163,100 stops
- Develop a replacement bed project at the Indianapolis VAMC for a new 7/8th floors and
- Close the acute care beds at the Ft. Wayne Division – increase the contract hospitalization (4ADC) and transfer the stable & tertiary level (8 ADC) patients to the Indianapolis VAMC

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	5,000	5,000	-	-	-	-	-	-	5,000	$ (17,048,386)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**5,000**	**5,000**	**-**	**-**	**-**	**-**	**-**	**-**	**5,000**	**$ (17,048,386)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	3,700	3,700	-	-	-	-	2,800	-	2,800	(900)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**3,700**	**3,700**	**-**	**-**	**-**	**-**	**2,800**	**-**	**2,800**	**(900)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	3,626	3,626	-	-	-	-	1,850	-	1,850	(1,776)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**3,626**	**3,626**	**-**	**-**	**-**	**-**	**1,850**	**-**	**1,850**	**(1,776)**

C. Michigan Market

1. Description of Market

a. Market Definition

Michigan Market			
Market	**Includes**	**Rationale**	**Shared Counties**
Michigan Market Code: 11C 2 Sub Markets Southeast Michigan & Western Michigan	68 Michigan Counties 10 Ohio Counties 78 Total Counties	This rural/urban market currently serves some 128,400 VHA enrollees and that level of participation is projected to increase to 186,900 by 2010. This market also serves eight communities with over 50,000 inhabitants. The Lower Michigan market is well defined with established referral patterns to the VAMCs located in Ann Arbor, Battle Creek, Detroit, and Saginaw. These facilities provide a wide spectrum of primary-tertiary and extended levels of care to the Lower Michigan veteran. Over 87% of the enrollee population is with a 60-mile radius of a given VAMC. A dozen CBOCs serve the area and over 89% of the enrollee population is within a 20-mile arc of a VA owned or contracted clinic. The area is well supported by Interstates 69, 75, 94, 196, 275, 475, 496, 675 & 696 and a strong state highway system. There are three major topographic barriers in this market and they are Lakes Michigan, Huron, and Erie.	After discussions with VISN 10, there are no shared market area issues with this neighboring network to the south. During CARES Phase I, there were no shared market issues with VISN 12 to the west.
Southeast Michigan Code:11C-1	3 Michigan Counties	This 3-county highly urbanized catchment area includes all of the greater Detroit metropolitan area that currently has approximately 4.1 million inhabitants and over 44,400 VHA enrollees. The number of enrollees is expected to increase to 64,400 by the year 2010 in this sub market. This 2,000 square mile area is served principally by the Detroit VAMC and the CBOC located in Pontiac, MI. All VHA enrollees in this area are within the 20-mile arc for clinic services and easily within the 60-mile radius for inpatient care. VAMC Detroit provides primary –tertiary and extended care level services. Public transportation systems are good within the area and well served by Interstates 75, 94, 275 and 696. Lake Erie and Lake St. Clair are the two major topographic barriers for the general Detroit area. Across the international border, the Windsor, Canada community abuts immediately to the east of the general Detroit area.	After discussions with VISN 10, there are no shared market area issues with this neighboring network to the south.

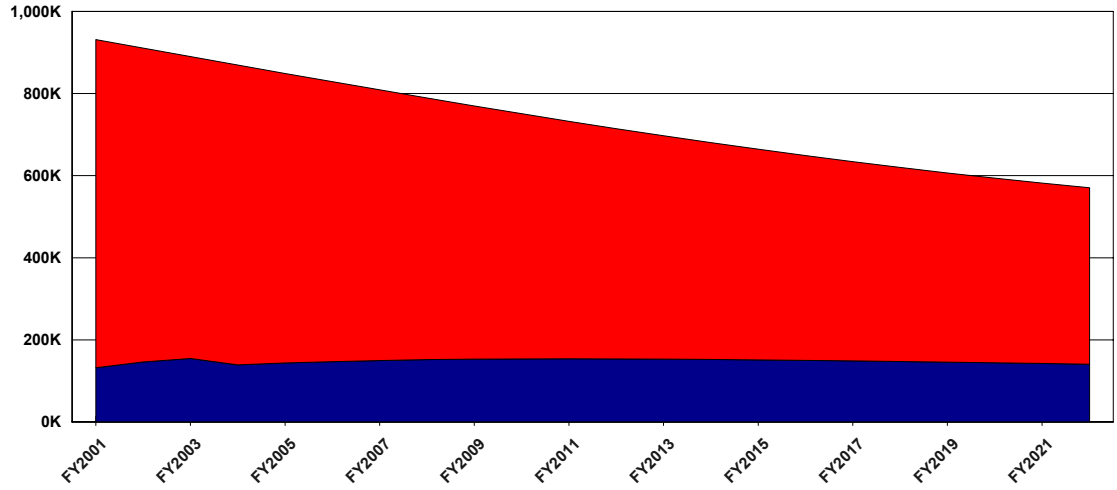
Western Michigan **Code: 11C-2**	27 Michigan Counties	VISN 11 has specifically identified this 27-county primarily rural catchment area for special CARES review in regards to distance and patient travel time for primary, secondary and tertiary level care inpatient services. Many veterans in this area may travel 2-4 hours for this level of care to either the Ann Arbor or Detroit facilities. Grand Rapids, the second largest populated community in Michigan, (Kent County population 580,300) is located in this designated area and is currently only served by a limited CBOC. VAMC Battle Creek and three other CBOCs provide very limited primary, psychiatric and extended care services for this area. Currently there are 30,500 enrollees in this proposed sub market area and that number is expected to increase to 43,500 by the year 2010. Lake Michigan to the west is the one major topographic barrier in this sub market.	During CARES Phase I, there were no shared market issues with VISN 12 to the west.

b. Facility List

VISN : 11				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Ann Arbor				
506 Ann Arbor HCS	✓	✓	✓	-
506GA Toledo	✓	-	-	-
506GB Flint (Genessee Co.)	✓	-	-	-
506GC Jackson	✓	-	-	-
New Ypsilanti	✓	-	-	-
Battle Creek				
515 Battle Creek	✓	✓	-	-
515BY Grand Rapids	✓	-	-	-
515GA Muskegon	✓	-	-	-
515GB Lansing	✓	-	-	-
515GC Benton Harbor	✓	-	-	-
New Mason	✓	-	-	-
Detroit				
553 Detroit (John D. Dingell)	✓	✓	✓	-
553GA Yale	✓	-	-	-
553GB Pontiac	✓	-	-	-
New Sterling Heights	✓	-	-	-
Saginaw				
655 Saginaw	✓	✓	-	-
655GA Gaylord	✓	-	-	-
655GB Traverse City	✓	-	-	-
655GC Oscoda	✓	-	-	-
New Clare	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Michigan Market						
Market PI	**Category**	**Type of Gap**	**Feburary 2003 (New)**			
			FY2012 Gap	**FY2012 % Gap**	**FY2022 Gap**	**FY2022 % Gap**
	Access to Primary Care					
	Access to Hospital Care					
	Access to Tertiary Care					
PI	Specialty Care Outpatient Stops	Population Based	350,196	156%	297,390	133%
		Treating Facility Based	337,030	154%	285,364	130%
PI	Primary Care Outpatient Stops	Population Based	227,137	80%	157,747	55%
		Treating Facility Based	213,825	76%	146,112	52%
PI	Medicine Inpatient Beds	Population Based	86	79%	41	38%
		Treating Facility Based	84	79%	40	38%
	Psychiatry Inpatient Beds	Population Based	6	3%	-22	-10%
		Treating Facility Based	7	3%	-21	-10%
	Mental Health Outpatient Stops	Population Based	52,375	27%	12,063	6%
		Treating Facility Based	50,785	28%	13,771	8%
	Surgery Inpatient Beds	Population Based	11	19%	-6	-10%
		Treating Facility Based	12	19%	-6	-9%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

VISN 11 has attempted to listen and discuss the options with our internal/ external stakeholders throughout the CARES process. The VIP Network has compiled the following history of those stakeholder events:

A. All major stakeholders received a letter from the Network Director explaining the CARES process and soliciting their active participation, June 2000.

B. In June/July 2002 - the CARES Coordinator conducted a site visit of all facilities in VISN 11 to explain the CARES process. A letter and phone call was made to all major stakeholder offices inviting them to this CARES educational program.

C. On December 3, 2002 – The CARES Coordinator conducted the first market meeting in the Central Illinois Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders within the market inviting them to this session.

D. On December 5, 2002 – The CARES Coordinator conducted the first market meeting in the Indiana Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders.

E. On December 17, 2002 – The CARES Coordinator conducted the first market meeting in the Michigan Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders. These 3 sessions provided stakeholders with information about the CARES process, requirements, market definition, projection model results for population/ workload, and discussion about various options to address the service gaps.

F. On March 10, 2003 – The CARES Coordinator conducted the second market meeting in the Central Illinois Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders.

G. On March 12, 2003 – The CARES Coordinator conducted the second market meeting in the Indiana Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders.

H. On March 14, 2003 – The CARES Coordinator conducted the second market meeting in the Michigan Market; Network Director letters of invitation and follow-up phone calls were sent to all major stakeholders. These 3 sessions provided with updated information about the CARES process, new requirements

& model results, disclosed all the preliminary options to address the service gaps, and asked for feedback for improvement to those options.

Letters of invitation for the first information session and the two series of market meetings were sent to a variety of stakeholders including: all major VSOs, unions, affiliates (4), state officials including state home directors & other major community contributors to the VHA mission. The CARES Coordinator also met quarterly with the multi-disciplinary Management Assistance Council. A briefing was just conducted on April 9, 2002 with this group to discuss all the CARES options developed. We have sent flyers, facility & network newsletters that have contained numerous articles on the CARES process/products. VISN 11 also developed an interactive website that informed all stakeholders of the progress of CARES.

At the facility level, town hall meetings were conducted with employees, volunteers, VSOs, affiliates, unions and other interested parties. Monthly meetings with VSOs were conducted and the care sites provided employees and patients with flyers, handouts, and articles from local papers. Each facility CARES Liaisons and Public Affairs Officers orchestrated all facility events, publicity, and products.

The VIP Network also established an advisory committee to the Executive Leadership Council. The VISN 11 CARES Work Group met on three different occasions to discuss the process, planning initiatives developed by the NCPO, and the options developed to address the approved PIs. The CARES Work Group is comprised of senior VISN staff and three AFGE Presidents. This Group developed the final options for ELC review, consideration and final approval.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

Today the Michigan Market is serving some 131,800 enrollees and that population base will gradually increase to 153,600 by '2012 and decline back to 140,600 by 2022. This is the largest and most complex market in VISN 11. The market share will increase in the 77-county Lower Michigan catchment area from 14.2 to 24.6% during the same period. The market share is the lowest in the VHA system because of the large corporate presence and the associated availability of viable health care plans. Four VHA care sites serve this market and they are the Ann Arbor HCS, the Battle Creek VAMC, the Detroit VAMC and the Saginaw VAMC. The AAHCS & the Detroit VAMC are currently 100-bed tertiary care referral centers while the Battle Creek VAMC is a large psychiatric/LTC facility and the Saginaw VAMC is a small GM&S facility. Because of the relatively large and dispersed population base, there are primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Michigan Market is planning the following:

- Increase the Outpatient Primary Care Workload (+71%, 30 min) -Workload increases significantly FY 2001-12 by +203,000 stops. Open 4 new CBOCs to address some of this expansion, Cadillac, Clare/Roscommon County, Ypsilanti,
- Increase the Outpatient Specialty Care Workload, increases significantly FY 2001-12 by +298,000 stops
- Increase the diagnostic/ancillary workload, increases significantly FY 2001-12 by +408,000 stops

Develop a new telemedicine network system for the specialty care outpatient program – some 1,400 patients & 16,800 stops projected @ Ann Arbor & Detroit

- Close the acute care beds at Saginaw (18 ADC), contract for emergency care in the Saginaw community (2 ADC); contract for hospital services for patients in the northern quadrant of Lower Michigan (2-4 ADC); maintain 6-8 IMS beds (7 ADC) in the NHCU; and transfer stable patients to AAHCS & Detroit (7 ADC) by FY 2012 (Closure cannot occur until new beds are available at both sites & patient policy and manager in place).

–Maintain/expand an active outpatient clinic & nursing home care unit @ Saginaw with a new program for dementia and chronic ventilator patients in the NHCU.

- The Projection Methodology for the AAHCS calls for the increase of +31.7 ADC; the transfer of acute patients from Battle Creek will increase by +2.5 ADC;

and the transfer of acute patients from Saginaw will increase by +3.5 ADC; Total = +37.7 ADC or +43 Beds by 2012. Renovation of available space is planned.
The Projection Methodology for the Battle Creek VAMC calls for 26 beds in 2012 and 20 beds in 2022. Five acute Medicine beds will be transferred to AAHCS & Detroit. Patients requiring emergent care will remain in the community on contract & the 20 intermediate beds will provide episodic medical care to the psychiatric & NHCU patients requiring that care level.
The Projection Methodology for Detroit VAMC calls for the increase of +21.6 ADC; the transfer of acute patients from Battle Creek will increase by +2.5 ADC; and the transfer of acute patients from Saginaw will increase by +3.5 ADC; Total = +27.6 ADC or +32 Beds by 2012. conversion of available space is planned.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

PRIMARY CARE: There are no Access Issues for primary care in the Michigan Market. 70% of all enrollees are within the 30-minute access target for the baseline and 74% in FY 2012 and 73% in FY 2022.

HOSPITAL CARE: There are no Access Issues for hospital care in the Michigan Market. 72% of all enrollees are within the 1-hour access target.

TERTIARY CARE: There are no Access Issues for tertiary care in the Michigan Market. 96% of all enrollees are within the 3-4 hour access target.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**70%**	44,061	**73%**	41,483	**73%**	37,959
Hospital Care	**72%**	41,124	**72%**	43,019	**72%**	39,365
Tertiary Care	**96%**	5,875	**96%**	6,146	**96%**	5,624

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Ann Arbor

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

the National CARES Program Office has determined that projected workload levels for FY 2012 and 2022 justify retention of both the Ann Arbor Healthcare System and Detroit VAMC. CARES workload projections for the two facilities reflect substantial workload increases for primary care, specialty care and inpatient medicine by the year 2012. Ann Arbor/Detroit have been identified for proximity review due to their location within 60 miles of each other. In spite of this geographic proximity, the two facilities have historically served different population bases, with utilization of Ann Arbor reflecting that of a tertiary referral center and utilization of the Detroit facility having a largely metropolitan Detroit community focus. The areas served by the two facilities have some overlap, primarily in Wayne and Oakland counties, where veterans living in those counties may be equidistant to either facility, transportation systems make one facility more accessible than another, or patient preferences dictate choice. By 2012 the projected enrollee population for southeastern and southcentral Michigan and northwest Ohio will exceed 100,000 enrollees, or approximately 2/3's of the entire Michigan/northwest Ohio market enrollee population.

Both the VA Ann Arbor Healthcare System and John D. Dingell (Detroit) VA Medical Center are complex tertiary care facilities with vibrant longstanding academic affiliations. The VA Ann Arbor Healthcare System is affiliated with the University of Michigan and the John D. Dingell (Detroit) VA Medical Center is affiliated with Wayne State University.

High cost specialty services, unique clinical programs and some support services have already been consolidated at one of the two facilities. These service/program consolidations are: open-heart surgery, neurosurgery, interventional cardiology (angioplasty, electrophysiology), cochlear implantation, gynecologic cytopathology, nuclear medicine network, sleep lab, GRECC,

HSR&D, contract administration and Prosthetics management. Complex, high-cost, volume limited interventional services have been consolidated to one site to ensure appropriate programmatic volume to maintain quality and maximize cost-efficiency. Transplant services required are sent to facilities outside the network.

Proposed Consolidations: Major realignment of entire programs to one of the two facilities is not supported based on the large projected growth for the two facilities, the fact that each serves different population bases and since there is no duplication of high-cost, volume sensitive clinical programs. Maintenance of existing service delivery structures with limited functional consolidations/integrations is recommended. Potential functional consolidations include: home oxygen program management, human resources classification services and radiologic interpretation services for other Michigan facilities (e.g. Battle Creek and Saginaw).

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

There are no major/operating forts, bases, or naval stations in the VISN 11 catchment area. Three geographically isolated small clinics operated by DOD are of a size to small for collaboration. Therefore, there is no sharing of staff, patients and/or resources with the DOD and VISN 11. Currently the network does have active multi-facility/year TRICARE & FED HEALS contracts with the DOD.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Michigan Market is serving some 131,800 enrollees and that population base will gradually increase to 153,600 by '2012 and decline back to 140,600 by 2022. This is the largest and most complex market in VISN 11. The market share will increase in the 77-county Lower Michigan catchment area from 14.2 to 24.6% during the same period. The market share is the lowest in the VHA system because of the large corporate presence and the associated availability of viable health care plans. Four VHA care sites serve this market and they are the Ann Arbor HCS, the Battle Creek VAMC, the Detroit VAMC and the Saginaw VAMC. The AAHCS & the Detroit VAMC are currently 100-bed tertiary care referral centers while the Battle Creek VAMC is a large psychiatric/LTC facility and the Saginaw VAMC is a small GM&S facility. Because of the relatively large and dispersed population base, there are primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Michigan Market is planning the following:

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- Increase the Outpatient Specialty Care Workload, increases significantly FY 2001-12 by +298,000 stops
- Increase the diagnostic/ancillary workload, increases significantly FY 2001-12 by +408,000 stops

Develop a new telemedicine network system for the specialty care outpatient program – some 1,400 patients & 16,800 stops projected @ Ann Arbor & Detroit

- Close the acute care beds at Saginaw (18 ADC), contract for emergency care in the Saginaw community (2 ADC); contract for hospital services for patients in the northern quadrant of Lower Michigan (2-4 ADC); maintain 6-8 IMS beds (7 ADC) in the NHCU; and transfer stable patients to AAHCS & Detroit (7 ADC) by FY 2012 (Closure cannot occur until new beds are available at both sites & patient policy and manager in place).

–Maintain/expand an active outpatient clinic & nursing home care unit @ Saginaw with a new program for dementia and chronic ventilator patients in the NHCU.

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The Projection Methodology for the Battle Creek VAMC calls for 26 beds in 2012 and 20 beds in 2022. Five acute Medicine beds will be transferred to AAHCS & Detroit. Patients requiring emergent care will remain in the community on contract & the 20 intermediate beds will provide episodic medical care to the psychiatric & NHCU patients requiring that care level.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	22,967	11,554	22,968	11,555	148	-	-	2,265	-	-	25,085	$ (55,908,104)
Surgery	15,061	2,682	15,061	2,682	17	-	-	-	-	-	15,044	$ (313,937)
Intermediate/NHCU	65,979	-	65,979	-	52,124	-	-	-	-	-	13,855	$ -
Psychiatry	6,458	1,844	6,458	1,844	-	-	-	-	-	-	6,458	$ 5,020,049
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**110,464**	**16,079**	**110,466**	**16,081**	**52,289**	**-**	**-**	**2,265**	**-**	**-**	**60,442**	**$ (51,201,992)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	133,391	62,493	131,594	60,696	6,580	-	-	-	-	-	125,014	$ (2,294,630)
Specialty Care	157,197	75,335	158,094	76,232	4,743	8,400	-	-	-	-	144,951	$ 27,186,139
Mental Health	60,884	25,308	60,884	25,309	1,218	-	-	-	-	-	59,666	$ (7,803,632)
Ancillary & Diagnostics	201,006	103,341	202,778	105,113	4,056	-	-	-	-	-	198,722	$ (21,275,375)
Total	**552,478**	**266,477**	**553,350**	**267,349**	**16,597**	**8,400**	**-**	**-**	**-**	**-**	**528,353**	**$ (4,187,498)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	47,296	22,009	52,177	26,890	25,287	20,000	-	-	-	-	45,287	(6,890)
Surgery	25,001	6,740	24,973	6,712	18,261	3,000	-	-	-	-	21,261	(3,712)
Intermediate Care/NHCU	33,333	-	33,332	(1)	33,333	-	-	-	-	-	33,333	1
Psychiatry	14,078	6,672	14,078	6,672	7,406	4,000	-	-	-	-	11,406	(2,672)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**119,708**	**35,421**	**124,560**	**40,273**	**84,287**	**27,000**	**-**	**-**	**-**	**-**	**111,287**	**(13,273)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	81,102	36,706	80,009	35,613	44,396	-	-	-	17,000	-	61,396	(18,613)
Specialty Care	184,502	88,780	175,391	79,669	95,722	25,000	-	-	11,500	-	132,222	(43,169)
Mental Health	41,170	24,665	41,170	24,665	16,505	-	-	-	16,000	-	32,505	(8,665)
Ancillary and Diagnostics	163,499	86,079	164,939	87,519	77,420	-	-	-	46,300	-	123,720	(41,219)
Total	**470,273**	**236,230**	**461,509**	**227,466**	**234,043**	**25,000**	**-**	**-**	**90,800**	**-**	**349,843**	**(111,666)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(86,618)	172,891	86,273	86,618	-	-	-	43,500	-	130,118	(42,773)
Administrative	270,640	108,105	303,584	141,049	162,535	-	-	-	-	-	162,535	(141,049)
Other	35,598	-	35,598	-	35,598	-	-	-	-	-	35,598	-
Total	**306,238**	**21,487**	**512,073**	**227,322**	**284,751**	**-**	**-**	**-**	**43,500**	**-**	**328,251**	**(183,822)**

4. Facility Level Information – Battle Creek

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

There are no major/operating forts, bases, or naval stations in the VISN 11 catchment area. Three geographically isolated small clinics operated by DOD are of a size to small for collaboration. Therefore, there is no sharing of staff, patients and/or resources with the DOD and VISN 11. Currently the network does have active multi-facility/year TRICARE & FED HEALS contracts with the DOD.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

- New Mental Health Building, Battle Creek, Michigan: Developer builds a 150-replacemtent bed psychiatric facility on VHA property, 35-year lease with annual lease payments, VHA staffed & operated.
- New Veteran Village Buildings, Battle Creek, Michigan: Developer/provider builds and/or renovates multiple buildings/facilities (gero-psych continuum on VHA property) congregate living – wellness program, no occupancy guarantee, future revenue stream for Battle Creek
- Grand Rapids will pursue an enhanced-use lease arrangement with a community provider for a built-to-suit ambulatory care facility on a new site.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Michigan Market is serving some 131,800 enrollees and that population base will gradually increase to 153,600 by '2012 and decline back to 140,600 by 2022. This is the largest and most complex market in VISN 11. The market share will increase in the 77-county Lower Michigan catchment area from 14.2 to 24.6% during the same period. The market share is the lowest in the VHA system because of the large corporate presence and the associated availability of viable health care plans. Four VHA care sites serve this market and they are the Ann Arbor HCS, the Battle Creek VAMC, the Detroit VAMC and the Saginaw VAMC. The AAHCS & the Detroit VAMC are currently 100-bed tertiary care referral centers while the Battle Creek VAMC is a large psychiatric/LTC facility and the Saginaw VAMC is a small GM&S facility. Because of the relatively

large and dispersed population base, there are primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Michigan Market is planning the following:

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- Increase the Outpatient Specialty Care Workload, increases significantly FY 2001-12 by +298,000 stops
- Increase the diagnostic/ancillary workload, increases significantly FY 2001-12 by +408,000 stops

Develop a new telemedicine network system for the specialty care outpatient program – some 1,400 patients & 16,800 stops projected @ Ann Arbor & Detroit

- Close the acute care beds at Saginaw (18 ADC), contract for emergency care in the Saginaw community (2 ADC); contract for hospital services for patients in the northern quadrant of Lower Michigan (2-4 ADC); maintain 6-8 IMS beds (7 ADC) in the NHCU; and transfer stable patients to AAHCS & Detroit (7 ADC) by FY 2012 (Closure cannot occur until new beds are available at both sites & patient policy and manager in place).

–Maintain/expand an active outpatient clinic & nursing home care unit @ Saginaw with a new program for dementia and chronic ventilator patients in the NHCU.

- The Projection Methodology for the AAHCS calls for the increase of +31.7 ADC; the transfer of acute patients from Battle Creek will increase by +2.5 ADC; and the transfer of acute patients from Saginaw will increase by +3.5 ADC; Total = +37.7 ADC or +43 Beds by 2012. Renovation of available space is planned.

The Projection Methodology for the Battle Creek VAMC calls for 26 beds in 2012 and 20 beds in 2022. Five acute Medicine beds will be transferred to AAHCS & Detroit. Patients requiring emergent care will remain in the community on contract & the 20 intermediate beds will provide episodic medical care to the psychiatric & NHCU patients requiring that care level.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	8,203	2,880	8,204	2,881	329	-	1,826	-	-	-	6,049	$ 29,672,454
Surgery	42	(143)	43	(142)	43	-	-	-	-	-	-	$ -
Intermediate/NHCU	92,175	-	92,108	(67)	52,502	-	-	-	-	-	39,606	$ 398,711
Psychiatry	50,050	364	50,050	364	-	-	-	1,151	-	-	51,201	$ (19,581,859)
PRRTP	9,420	-	9,420	-	-	-	-	-	-	-	9,420	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**159,891**	**3,102**	**159,825**	**3,036**	**52,874**	**-**	**1,826**	**1,151**	**-**	**-**	**106,276**	**$ 10,489,306**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	96,242	32,905	94,170	30,832	7,534	-	-	-	-	-	86,636	$ 2,919,008
Specialty Care	89,785	64,645	90,498	65,358	10,860	-	-	-	-	-	79,638	$ (14,729,159)
Mental Health	67,118	22,247	67,118	22,248	1,343	-	-	-	-	-	65,775	$ -
Ancillary & Diagnostics	132,879	34,709	134,314	36,144	1,344	-	-	-	-	-	132,970	$ (2,011,302)
Total	**386,024**	**154,506**	**386,100**	**154,582**	**21,081**	**-**	**-**	**-**	**-**	**-**	**365,019**	**$ (13,821,453)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	18,508	8,709	14,215	4,416	9,799	2,200	-	-	-	-	11,999	(2,216)
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	70,002	-	69,950	(52)	70,002	-	-	-	-	-	70,002	52
Psychiatry	81,081	12,345	82,946	14,210	68,736	-	70,000	-	-	-	138,736	55,790
PRRTP	28,798	-	28,798	-	28,798	-	-	-	-	-	28,798	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**198,389**	**21,054**	**195,909**	**18,574**	**177,335**	**2,200**	**70,000**	**-**	**-**	**-**	**249,535**	**53,626**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	44,272	16,507	43,318	15,553	27,765	9,800	-	-	5,500	-	43,065	(253)
Specialty Care	86,912	73,752	87,602	74,442	13,160	22,500	-	-	33,000	-	68,660	(18,942)
Mental Health	44,070	2,214	44,069	2,213	41,856	-	-	-	-	-	41,856	(2,213)
Ancillary and Diagnostics	84,193	14,348	85,101	15,256	69,845	-	-	-	-	-	69,845	(15,256)
Total	**259,446**	**106,820**	**260,090**	**107,464**	**152,626**	**32,300**	**-**	**-**	**38,500**	**-**	**223,426**	**(36,664)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	439,522	123,406	437,759	121,643	316,116	-	-	-	-	-	316,116	(121,643)
Other	103,117	-	103,117	-	103,117	-	-	-	-	-	103,117	-
Total	**542,639**	**123,406**	**540,876**	**121,643**	**419,233**	**-**	**-**	**-**	**-**	**-**	**419,233**	**(121,643)**

5. Facility Level Information – Clare

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Michigan Market is serving some 131,800 enrollees and that population base will gradually increase to 153,600 by '2012 and decline back to 140,600 by 2022. This is the largest and most complex market in VISN 11. The market share will increase in the 77-county Lower Michigan catchment area from 14.2 to 24.6% during the same period. The market share is the lowest in the VHA system because of the large corporate presence and the associated availability of viable health care plans. Four VHA care sites serve this market and they are the Ann Arbor HCS, the Battle Creek VAMC, the Detroit VAMC and the Saginaw VAMC. The AAHCS & the Detroit VAMC are currently 100-bed tertiary care referral centers while the Battle Creek VAMC is a large psychiatric/LTC facility and the Saginaw VAMC is a small GM&S facility. Because of the relatively large and dispersed population base, there are primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Michigan Market is planning the following:

- Increase the Outpatient Primary Care Workload (+71%, 30 min) -Workload increases significantly FY 2001-12 by +203,000 stops. Open 4 new CBOCs to address some of this expansion, Cadillac, Clare/Roscommon County, Ypsilanti,
- Increase the Outpatient Specialty Care Workload, increases significantly FY 2001-12 by +298,000 stops
- Increase the diagnostic/ancillary workload, increases significantly FY 2001-12 by +408,000 stops

Develop a new telemedicine network system for the specialty care outpatient program – some 1,400 patients & 16,800 stops projected @ Ann Arbor & Detroit

- Close the acute care beds at Saginaw (18 ADC), contract for emergency care in the Saginaw community (2 ADC); contract for hospital services for patients in the northern quadrant of Lower Michigan (2-4 ADC); maintain 6-8 IMS beds (7 ADC) in the NHCU; and transfer stable patients to AAHCS & Detroit (7 ADC) by FY 2012 (Closure cannot occur until new beds are available at both sites & patient policy and manager in place).

–Maintain/expand an active outpatient clinic & nursing home care unit @ Saginaw with a new program for dementia and chronic ventilator patients in the NHCU.

- The Projection Methodology for the AAHCS calls for the increase of +31.7 ADC; the transfer of acute patients from Battle Creek will increase by +2.5 ADC; and the transfer of acute patients from Saginaw will increase by +3.5 ADC; Total = +37.7 ADC or +43 Beds by 2012. Renovation of available space is planned.

The Projection Methodology for the Battle Creek VAMC calls for 26 beds in 2012 and 20 beds in 2022. Five acute Medicine beds will be transferred to AAHCS & Detroit. Patients requiring emergent care will remain in the community on contract & the 20 intermediate beds will provide episodic medical care to the psychiatric & NHCU patients requiring that care level.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	2,100	2,100	-	-	-	-	-	-	2,100	$ (3,809,573)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**2,100**	**2,100**	**-**	**-**	**-**	**-**	**-**	**-**	**2,100**	**$ (3,809,573)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	1,071	1,071	-	-	-	-	850	-	850	(221)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,071**	**1,071**	**-**	**-**	**-**	**-**	**850**	**-**	**850**	**(221)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	889	889	-	-	-	-	450	-	450	(439)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**889**	**889**	**-**	**-**	**-**	**-**	**450**	**-**	**450**	**(439)**

6. Facility Level Information – Detroit

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

The National CARES Program Office has determined that projected workload levels for FY 2012 and 2022 justify retention of both the Ann Arbor Healthcare System and Detroit VAMC. CARES workload projections for the two facilities reflect substantial workload increases for primary care, specialty care and inpatient medicine by the year 2012. Ann Arbor/Detroit have been identified for proximity review due to their location within 60 miles of each other. In spite of this geographic proximity, the two facilities have historically served different population bases, with utilization of Ann Arbor reflecting that of a tertiary referral center and utilization of the Detroit facility having a largely metropolitan Detroit community focus. The areas served by the two facilities have some overlap, primarily in Wayne and Oakland counties, where veterans living in those counties may be equidistant to either facility, transportation systems make one facility more accessible than another, or patient preferences dictate choice. By 2012 the projected enrollee population for southeastern and southcentral Michigan and northwest Ohio will exceed 100,000 enrollees, or approximately 2/3's of the entire Michigan/northwest Ohio market enrollee population.

Both the VA Ann Arbor Healthcare System and John D. Dingell (Detroit) VA Medical Center are complex tertiary care facilities with vibrant longstanding academic affiliations. The VA Ann Arbor Healthcare System is affiliated with the University of Michigan and the John D. Dingell (Detroit) VA Medical Center is affiliated with Wayne State University.

High cost specialty services, unique clinical programs and some support services have already been consolidated at one of the two facilities. These service/program consolidations are: open-heart surgery, neurosurgery, interventional cardiology (angioplasty, electrophysiology), cochlear implantation, gynecologic cytopathology, nuclear medicine network, sleep lab, GRECC,

HSR&D, contract administration and Prosthetics management. Complex, high-cost, volume limited interventional services have been consolidated to one site to ensure appropriate programmatic volume to maintain quality and maximize cost-efficiency. Transplant services required are sent to facilities outside the network.

Proposed Consolidations: Major realignment of entire programs to one of the two facilities is not supported based on the large projected growth for the two facilities, the fact that each serves different population bases and since there is no duplication of high-cost, volume sensitive clinical programs. Maintenance of existing service delivery structures with limited functional consolidations/integrations is recommended. Potential functional consolidations include: home oxygen program management, human resources classification services and radiologic interpretation services for other Michigan facilities (e.g. Battle Creek and Saginaw).

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
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- Describe the preferred alternative and its impact on the CARES Criteria.
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Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

The Indianapolis, Indiana VAMC and the NIHCS-Marion Division want to pursue a co-location project with VBA. Indianapolis has been identified as a high priority site by VBA officials recently but the Marion Division would also like to be considered within this upcoming site analysis and approval process. If Marion is selected, they would need to demolish vacant B-122 (37,100 sf) and donate some 3 acres of property for the project. There does not appear to be an interest by VBA officials to co-locate the Regional Office in Detroit at this time.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
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Develop a new telemedicine network system for the specialty care outpatient program – some 1,400 patients & 16,800 stops projected @ Ann Arbor & Detroit

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b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	21,018	7,890	21,018	7,890	841	-	-	2,265	-	-	22,442	$ (50,702,962)
Surgery	7,558	1,234	7,559	1,235	299	-	-	-	-	-	7,260	$ 2,542,311
Intermediate/NHCU	61,911	-	61,911	-	33,432	-	-	-	-	-	28,479	$ -
Psychiatry	11,902	(438)	11,902	(438)	-	-	-	-	-	-	11,902	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**102,389**	**8,686**	**102,390**	**8,687**	**34,572**	**-**	**-**	**2,265**	**-**	**-**	**70,083**	**$ (48,160,651)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	190,620	94,616	182,780	86,776	9,139	-	-	-	-	-	173,641	$ 21,860,000
Specialty Care	212,837	135,305	212,730	135,198	14,892	8,400	-	-	-	-	189,438	$ 14,967,956
Mental Health	78,496	(14,669)	78,497	(14,669)	2,355	-	-	-	-	-	76,142	$ (206,241)
Ancillary & Diagnostics	252,313	157,703	251,976	157,366	15,119	-	-	-	-	-	236,857	$ (19,069,165)
Total	**734,265**	**372,954**	**725,983**	**364,671**	**41,505**	**8,400**	**-**	**-**	**-**	**-**	**676,078**	**$ 17,552,550**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	43,179	3,161	48,026	8,008	40,018	-	-	-	-	-	40,018	(8,008)
Surgery	16,819	(2,628)	18,150	(1,297)	19,447	-	-	-	-	-	19,447	1,297
Intermediate Care/NHCU	55,460	-	55,460	-	55,460	-	-	-	-	-	55,460	-
Psychiatry	20,471	(15,763)	20,471	(15,763)	36,234	-	-	-	-	-	36,234	15,763
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**135,930**	**(15,229)**	**142,107**	**(9,052)**	**151,159**	**-**	**-**	**-**	**-**	**-**	**151,159**	**9,052**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	90,545	49,304	86,820	45,579	41,241	27,000	-	-	-	-	68,241	(18,579)
Specialty Care	271,177	150,022	259,530	138,375	121,155	50,000	-	-	25,000	-	196,155	(63,375)
Mental Health	41,878	8,879	41,878	8,879	32,999	-	-	-	-	-	32,999	(8,879)
Ancillary and Diagnostics	203,970	108,186	203,697	107,913	95,784	-	-	-	57,000	-	152,784	(50,913)
Total	**607,569**	**316,390**	**591,925**	**300,746**	**291,179**	**77,000**	**-**	**-**	**82,000**	**-**	**450,179**	**(141,746)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(59,809)	30,993	(28,816)	59,809	-	-	-	-	-	59,809	28,816
Administrative	353,456	130,500	336,611	113,655	222,956	-	-	-	-	-	222,956	(113,655)
Other	37,816	-	37,816	-	37,816	-	-	-	-	-	37,816	-
Total	**391,272**	**70,691**	**405,420**	**84,839**	**320,581**	**-**	**-**	**-**	**-**	**-**	**320,581**	**(84,839)**

7. Facility Level Information – Mason

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Michigan Market is serving some 131,800 enrollees and that population base will gradually increase to 153,600 by '2012 and decline back to 140,600 by 2022. This is the largest and most complex market in VISN 11. The market share will increase in the 77-county Lower Michigan catchment area from 14.2 to 24.6% during the same period. The market share is the lowest in the VHA system because of the large corporate presence and the associated availability of viable health care plans. Four VHA care sites serve this market and they are the Ann Arbor HCS, the Battle Creek VAMC, the Detroit VAMC and the Saginaw VAMC. The AAHCS & the Detroit VAMC are currently 100-bed tertiary care referral centers while the Battle Creek VAMC is a large psychiatric/LTC facility and the Saginaw VAMC is a small GM&S facility. Because of the relatively large and dispersed population base, there are primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Michigan Market is planning the following:

- Increase the Outpatient Primary Care Workload (+71%, 30 min) -Workload increases significantly FY 2001-12 by +203,000 stops. Open 4 new CBOCs to address some of this expansion, Cadillac, Clare/Roscommon County, Ypsilanti,
- Increase the Outpatient Specialty Care Workload, increases significantly FY 2001-12 by +298,000 stops
- Increase the diagnostic/ancillary workload, increases significantly FY 2001-12 by +408,000 stops

Develop a new telemedicine network system for the specialty care outpatient program – some 1,400 patients & 16,800 stops projected @ Ann Arbor & Detroit

- Close the acute care beds at Saginaw (18 ADC), contract for emergency care in the Saginaw community (2 ADC); contract for hospital services for patients in the northern quadrant of Lower Michigan (2-4 ADC); maintain 6-8 IMS beds (7 ADC) in the NHCU; and transfer stable patients to AAHCS & Detroit (7 ADC) by FY 2012 (Closure cannot occur until new beds are available at both sites & patient policy and manager in place).

–Maintain/expand an active outpatient clinic & nursing home care unit @ Saginaw with a new program for dementia and chronic ventilator patients in the NHCU.

- The Projection Methodology for the AAHCS calls for the increase of +31.7 ADC; the transfer of acute patients from Battle Creek will increase by +2.5 ADC; and the transfer of acute patients from Saginaw will increase by +3.5 ADC; Total = +37.7 ADC or +43 Beds by 2012. Renovation of available space is planned.

The Projection Methodology for the Battle Creek VAMC calls for 26 beds in 2012 and 20 beds in 2022. Five acute Medicine beds will be transferred to AAHCS & Detroit. Patients requiring emergent care will remain in the community on contract & the 20 intermediate beds will provide episodic medical care to the psychiatric & NHCU patients requiring that care level.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	2,400	2,400	-	-	-	-	-	-	2,400	$ (6,309,284)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**2,400**	**2,400**	**-**	**-**	**-**	**-**	**-**	**-**	**2,400**	**$ (6,309,284)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	1,200	1,200	-	-	-	-	1,000	-	1,000	(200)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,200**	**1,200**	**-**	**-**	**-**	**-**	**1,000**	**-**	**1,000**	**(200)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	1,152	1,152	-	-	-	-	600	-	600	(552)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,152**	**1,152**	**-**	**-**	**-**	**-**	**600**	**-**	**600**	**(552)**

8. Facility Level Information – Saginaw

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

Background: The Saginaw, Michigan VA Medical Center is a small G&MS, non-affiliated type facility that is an integral part of the Michigan Market, VISN 11. This health care facility over the past 53 years has provided a limited array of medical, specialty & extended care services to the veterans who reside primarily in the upper quadrant of Lower Michigan. Veterans requiring secondary and tertiary level medical care are routinely transferred to the VA Ann Arbor Health Care System or to the Detroit VA Medical Center. Contract hospitalization is available in the general area as there are five full-service community hospitals in Saginaw County. Access to the VHA system in this area has been improved over the past 20 years with the addition of three community-based outpatient clinics

(CBOCs) located in the mid-sized communities of Gaylord, Oscoda, and Traverse City, Michigan, one more is planned in the future. Saginaw is the 'mother hospital' for these three clinics and this clinic network has assisted in allowing the some 90,000 veterans/15,000 enrollees to receive primary outpatient care in relatively close geographic proximity to their homes. An additional CBOC is planned in the near future. The Saginaw VAMC is located in a mid-sized and declining community of some 70,000 residents with a supporting county population base of almost 210,000.

CARES Small Facility Planning Initiative: The initial and revised bed projections for the Saginaw VA Medical did not change and as a result, a comprehensive review of the mission, workload, costs, access, quality of care, patient safety & environment, employee & community impact, research & education criteria have been underway since November 2002. Examination of the current data indicates that Saginaw provides a high quality level of care for the services that they provide and that they are relatively cost-effective. They are a respected part of the community and the veterans service organizations and other stakeholders appreciate are proud of the care that they receive and/or provide there. However, the projected number of beds for the year 2012 is 25 and 20 for the year 2022. These CARES projections were not surprising because past results of the Integrated Planning Model showed comparable bed projections. It should be noted that the data provided by CARES indicates that in addition to the acute care beds, intermediate beds at Saginaw are managed through acute medical care services and consequently are intertwined. Four very distinct options were developed & evaluated within the CARES process with the following option being selected by the Executive Leadership Council. VISN 11 recommends the following by 2012:

Recommendations:
-Retain the Saginaw VAMC as health care site for VHA Primary Outpatient Care, Specialty Outpatient Care, Mental Health Outpatient Care & Nursing Home Care services.
- Close the acute medical beds at the Saginaw VAMC. Before this closure occurs, renovation and conversion of Medical Service nursing units at Ann Arbor & Detroit are required.
- Retain 6-8 Intermediate Beds in the Saginaw NHCU to provide for observation and transition care for patients who will be transferred to either the community or other VA facilities Patients requiring emergency inpatient care should continue receiving that level of care at a community hospital in the greater Saginaw area.
- Patients requiring inpatient services in the far northern counties of Lower Michigan should receive care in their community hospital at VA expense.
- A new network patient transfer policy and patient coordination policy will be required.
- Evaluate the demand for a Michigan Market Chronic Ventilator Unit & Dementia Unit for inclusion within the existing NHCU at Saginaw.

- Continue transferring patients requiring inpatient psychiatric care to the Battle Creek VAMC.
- Open a new CBOC in the Clare/Roscommon County area.

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

There are no major/operating forts, bases, or naval stations in the VISN 11 catchment area. Three geographically isolated small clinics operated by DOD are of a size to small for collaboration. Therefore, there is no sharing of staff, patients and/or resources with the DOD and VISN 11. Currently the network does have active multi-facility/year TRICARE & FED HEALS contracts with the DOD.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
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VISN Identified Planning Initiatives Narrative:

Today the Michigan Market is serving some 131,800 enrollees and that population base will gradually increase to 153,600 by '2012 and decline back to 140,600 by 2022. This is the largest and most complex market in VISN 11. The market share will increase in the 77-county Lower Michigan catchment area from 14.2 to 24.6% during the same period. The market share is the lowest in the VHA system because of the large corporate presence and the associated availability of viable health care plans. Four VHA care sites serve this market and they are the Ann Arbor HCS, the Battle Creek VAMC, the Detroit VAMC and the Saginaw VAMC. The AAHCS & the Detroit VAMC are currently 100-bed tertiary care referral centers while the Battle Creek VAMC is a large psychiatric/LTC facility and the Saginaw VAMC is a small GM&S facility. Because of the relatively large and dispersed population base, there are primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Michigan Market is planning the following:

- Increase the Outpatient Primary Care Workload (+71%, 30 min) -Workload increases significantly FY 2001-12 by +203,000 stops. Open 4 new CBOCs to address some of this expansion, Cadillac, Clare/Roscommon County, Ypsilanti,
- Increase the Outpatient Specialty Care Workload, increases significantly FY 2001-12 by +298,000 stops
- Increase the diagnostic/ancillary workload, increases significantly FY 2001-12 by +408,000 stops

Develop a new telemedicine network system for the specialty care outpatient program – some 1,400 patients & 16,800 stops projected @ Ann Arbor & Detroit
- Close the acute care beds at Saginaw (18 ADC), contract for emergency care in the Saginaw community (2 ADC); contract for hospital services for patients in the northern quadrant of Lower Michigan (2-4 ADC); maintain 6-8 IMS beds (7 ADC) in the NHCU; and transfer stable patients to AAHCS & Detroit (7 ADC) by FY 2012 (Closure cannot occur until new beds are available at both sites & patient policy and manager in place).
–Maintain/expand an active outpatient clinic & nursing home care unit @ Saginaw with a new program for dementia and chronic ventilator patients in the NHCU.
- The Projection Methodology for the AAHCS calls for the increase of +31.7 ADC; the transfer of acute patients from Battle Creek will increase by +2.5 ADC; and the transfer of acute patients from Saginaw will increase by +3.5 ADC; Total = +37.7 ADC or +43 Beds by 2012. Renovation of available space is planned.
The Projection Methodology for the Battle Creek VAMC calls for 26 beds in 2012 and 20 beds in 2022. Five acute Medicine beds will be transferred to AAHCS & Detroit. Patients requiring emergent care will remain in the community on contract & the 20 intermediate beds will provide episodic medical care to the psychiatric & NHCU patients requiring that care level.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	6,627	3,586	6,627	3,586	3,923	-	2,704	-	-	-	-	$ 75,428,224
Surgery	118	(204)	118	(204)	118	-	-	-	-	-	-	$ 22,592
Intermediate/NHCU	58,220	-	58,220	-	26,782	-	-	-	-	-	31,438	$ -
Psychiatry	1,149	519	1,150	520	-	-	1,150	-	-	-	-	$ 9,982,556
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**66,114**	**3,901**	**66,115**	**3,902**	**30,823**	**-**	**3,854**	**-**	**-**	**-**	**31,438**	**$ 85,433,372**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	76,176	23,810	73,893	21,527	-	-	-	-	-	-	73,893	$ 2,638,545
Specialty Care	96,338	61,742	96,264	61,668	-	-	-	-	-	-	96,264	$ (22,657,112)
Mental Health	25,913	17,897	25,914	17,898	22,500	-	-	-	-	-	3,414	$ (3,367,314)
Ancillary & Diagnostics	108,187	60,187	107,997	59,997	-	-	-	-	-	-	107,997	$ (15,100,365)
Total	**306,615**	**163,637**	**304,068**	**161,090**	**22,500**	**-**	**-**	**-**	**-**	**-**	**281,568**	**$ (38,486,246)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	17,575	6,099	-	(11,476)	11,476	-	-	-	-	-	11,476	11,476
Surgery	61	61	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	43,556	-	43,555	(1)	43,556	-	-	-	-	-	43,556	1
Psychiatry	1,733	1,733	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**62,924**	**7,892**	**43,555**	**(11,477)**	**55,032**	**-**	**-**	**-**	**-**	**-**	**55,032**	**11,477**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	38,850	24,910	37,685	23,745	13,940	17,000	-	-	-	-	30,940	(6,745)
Specialty Care	120,424	103,370	120,330	103,276	17,054	-	-	-	75,000	-	92,054	(28,276)
Mental Health	20,213	16,522	2,663	(1,028)	3,691	-	-	-	-	-	3,691	1,028
Ancillary and Diagnostics	86,550	71,761	86,398	71,609	14,789	-	-	-	50,300	-	65,089	(21,309)
Total	**266,037**	**216,563**	**247,076**	**197,602**	**49,474**	**17,000**	**-**	**-**	**125,300**	**-**	**191,774**	**(55,302)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	273,038	186,604	241,224	154,790	86,434	-	-	-	35,500	-	121,934	(119,290)
Other	17,377	-	17,377	-	17,377	-	-	-	-	-	17,377	-
Total	**290,415**	**186,604**	**258,601**	**154,790**	**103,811**	**-**	**-**	**-**	**35,500**	**-**	**139,311**	**(119,290)**

9. Facility Level Information – Sterling Heights

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Michigan Market is serving some 131,800 enrollees and that population base will gradually increase to 153,600 by '2012 and decline back to 140,600 by 2022. This is the largest and most complex market in VISN 11. The market share will increase in the 77-county Lower Michigan catchment area from 14.2 to 24.6% during the same period. The market share is the lowest in the VHA system because of the large corporate presence and the associated availability of viable health care plans. Four VHA care sites serve this market and they are the Ann Arbor HCS, the Battle Creek VAMC, the Detroit VAMC and the Saginaw VAMC. The AAHCS & the Detroit VAMC are currently 100-bed tertiary care referral centers while the Battle Creek VAMC is a large psychiatric/LTC facility and the Saginaw VAMC is a small GM&S facility. Because of the relatively large and dispersed population base, there are primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Michigan Market is planning the following:

- Increase the Outpatient Primary Care Workload (+71%, 30 min) -Workload increases significantly FY 2001-12 by +203,000 stops. Open 4 new CBOCs to address some of this expansion, Cadillac, Clare/Roscommon County, Ypsilanti,
- Increase the Outpatient Specialty Care Workload, increases significantly FY 2001-12 by +298,000 stops
- Increase the diagnostic/ancillary workload, increases significantly FY 2001-12 by +408,000 stops

Develop a new telemedicine network system for the specialty care outpatient program – some 1,400 patients & 16,800 stops projected @ Ann Arbor & Detroit

- Close the acute care beds at Saginaw (18 ADC), contract for emergency care in the Saginaw community (2 ADC); contract for hospital services for patients in the northern quadrant of Lower Michigan (2-4 ADC); maintain 6-8 IMS beds (7 ADC) in the NHCU; and transfer stable patients to AAHCS & Detroit (7 ADC) by FY 2012 (Closure cannot occur until new beds are available at both sites & patient policy and manager in place).

–Maintain/expand an active outpatient clinic & nursing home care unit @ Saginaw with a new program for dementia and chronic ventilator patients in the NHCU.

- The Projection Methodology for the AAHCS calls for the increase of +31.7 ADC; the transfer of acute patients from Battle Creek will increase by +2.5 ADC; and the transfer of acute patients from Saginaw will increase by +3.5 ADC; Total = +37.7 ADC or +43 Beds by 2012. Renovation of available space is planned.

The Projection Methodology for the Battle Creek VAMC calls for 26 beds in 2012 and 20 beds in 2022. Five acute Medicine beds will be transferred to AAHCS & Detroit. Patients requiring emergent care will remain in the community on contract & the 20 intermediate beds will provide episodic medical care to the psychiatric & NHCU patients requiring that care level.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	7,600	7,600	-	-	-	-	-	-	7,600	$ (24,886,701)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**7,600**	**7,600**	**-**	**-**	**-**	**-**	**-**	**-**	**7,600**	**$ (24,886,701)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	3,800	3,800	-	-	-	-	2,900	-	2,900	(900)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**3,800**	**3,800**	**-**	**-**	**-**	**-**	**2,900**	**-**	**2,900**	**(900)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	1,672	1,672	-	-	-	-	850	-	850	(822)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,672**	**1,672**	**-**	**-**	**-**	**-**	**850**	**-**	**850**	**(822)**

10. Facility Level Information – Ypsilanti

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Today the Michigan Market is serving some 131,800 enrollees and that population base will gradually increase to 153,600 by '2012 and decline back to 140,600 by 2022. This is the largest and most complex market in VISN 11. The market share will increase in the 77-county Lower Michigan catchment area from 14.2 to 24.6% during the same period. The market share is the lowest in the VHA system because of the large corporate presence and the associated availability of viable health care plans. Four VHA care sites serve this market and they are the Ann Arbor HCS, the Battle Creek VAMC, the Detroit VAMC and the Saginaw VAMC. The AAHCS & the Detroit VAMC are currently 100-bed tertiary care referral centers while the Battle Creek VAMC is a large psychiatric/LTC facility and the Saginaw VAMC is a small GM&S facility. Because of the relatively large and dispersed population base, there are primary/specialty care and a small facility issues that need to be resolved. To resolve these PIs, the Michigan Market is planning the following:

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- Increase the Outpatient Specialty Care Workload, increases significantly FY 2001-12 by +298,000 stops
- Increase the diagnostic/ancillary workload, increases significantly FY 2001-12 by +408,000 stops

Develop a new telemedicine network system for the specialty care outpatient program – some 1,400 patients & 16,800 stops projected @ Ann Arbor & Detroit

- Close the acute care beds at Saginaw (18 ADC), contract for emergency care in the Saginaw community (2 ADC); contract for hospital services for patients in the northern quadrant of Lower Michigan (2-4 ADC); maintain 6-8 IMS beds (7 ADC) in the NHCU; and transfer stable patients to AAHCS & Detroit (7 ADC) by FY 2012 (Closure cannot occur until new beds are available at both sites & patient policy and manager in place).

–Maintain/expand an active outpatient clinic & nursing home care unit @ Saginaw with a new program for dementia and chronic ventilator patients in the NHCU.

- The Projection Methodology for the AAHCS calls for the increase of +31.7 ADC; the transfer of acute patients from Battle Creek will increase by +2.5 ADC; and the transfer of acute patients from Saginaw will increase by +3.5 ADC; Total = +37.7 ADC or +43 Beds by 2012. Renovation of available space is planned.

The Projection Methodology for the Battle Creek VAMC calls for 26 beds in 2012 and 20 beds in 2022. Five acute Medicine beds will be transferred to AAHCS & Detroit. Patients requiring emergent care will remain in the community on contract & the 20 intermediate beds will provide episodic medical care to the psychiatric & NHCU patients requiring that care level.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	2,500	2,500	-	-	-	-	-	-	2,500	$ (6,069,554)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**2,500**	**2,500**	**-**	**-**	**-**	**-**	**-**	**-**	**2,500**	**$ (6,069,554)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)											
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)											
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Primary Care	-	-	1,600	1,600	-	-	-	-	1,300	-	1,300	(300)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,600**	**1,600**	**-**	**-**	**-**	**-**	**1,300**	**-**	**1,300**	**(300)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	640	640	-	-	-	-	325	-	325	(315)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**640**	**640**	**-**	**-**	**-**	**-**	**325**	**-**	**325**	**(315)**